MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 212013 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 1 2. USUAL-RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY 0 Prince George s
b. CITY OR TOWN (If outside corporate limits, MARYLAND Maryland Prince George's delay pages 1 and 2 with the State Deportment C LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup write RURAL and give neorest town) Cheverly

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Glen Arden e. IS RESIDENCE ON A FARM? d. STREET ADDRESS word "pending" in pencil in Item 18. Give Pages 1, the Chief Medical Exominer's Office along with form NO in Item 18. Give Pages Prince George General Hospital 7925 Church Avenue NAME OF Year Middle DATE Month Lost Doy DECEASED Allen (Type or print) Clarence Thomas DEATH IF LINDER 1 YEAR S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF LINDER 7. MARRIED NEVER MARRIED deorn lost birthdoy) Months WIDOWED DIVORCED Male Negro

100. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? 72 hours after Washington 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within 13. FATHER'S NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service within CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN event ONSET AND DEATH IMMEDIATE CAUSE (o) Bilateral hemothorax writing the word and cardiac tamponade any Conditions, if ony, which gove From multiple gun shot wounds should be farworded to rise to immediate couse (a), = DUE TO stoting the underlying couse 19. WAS AUTOPS'
PERFORMED?
YES NO removal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) the certificate, 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 3 shauld PRIMARY For CONTRIBUTING CAUSE OF DEATH. cremation, or Shot during altercation 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20f. (City or town) · (County) foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Poge 19 67 of work of work 8637 Irving St., Glen Arden, Md. 21. I certify that I taak charge at the remains described above, held an Autapsy Inspection x, Inquiry x, and in my apinian the funeral director. death resulted fram: Natural Causes . / Accident Hamicide X Undetermined manner Suicide may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health priar SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 2-13-67 Riverdale, Md. John/Kehoe, M.D. NAME (Type) Address (Street, city, town, or county) 230 BURIAL, CREMATION, 23b DATE THEREOF 23d. LOCATION (City or Town) 50 REMOVAL (Specify) Anlington National 24. FUNERAL DIRECTOR HS Washing ford Sons VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0251 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the attending physician and campletely filled in by the funeral isit permit. Then please remove carbon papers. Pages I and nation, or removal, and in any event, within 72 hours after death PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Prince George's Maryland MARYLAND Anne Arundel b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 5- Months Shady Side . Maryland Camp Springs Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 5304- Middleton Lane YES XEX NO NAME OF Middle 4. DATE Year DECEASED Feb. 28th William F. 67 Anderson 19 DEATH 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Hours WIDOWED XX DIVORCED Nov. 15-1870 Male White 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? **INDUSTRY** Maryland, Forestville USA Retired rarmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Vermillon Richard Anderson IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Same as (Yes, no, or unknown) (If yes give wor or dotes of service Mrs. Louise Jacobsen Dau. No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: burial-transit ONSET, AND DEATH IMMEDIATE CAUSE (a) signed by the haspital ar attending physician. DUE TO Conditions, if ony, which gave rise ta immediate couse (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While at wark at wark 21. I certify that (1) (this hospital) attended the deceased fram 1-36 , 19 61, ta 2-28 , 19 67, that (1) (we) last Page 4 may be retained 19 67, and that death accurred at 4: na M, fram causes and an the date stated above. saw the deceased alive an 2-23 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. Feb. 28-67 XX M.D. 22d. ADDRESS 22c. PHYSICIAN'S Brandywine, Maryland Richard H. Bobson NAME (Type) 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) March. 2-1967 Cedar Hill Cemetery Suitland, Maryland 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE MAR 2 1661- Good Hope Rd. SE. Wash.,DC DATE immons Bros.

NAME OF THE PROPERTY Decision in the house the second of the seco The Street Court of the Street Court of the Court of the Street of the S

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02519 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Prince George's County o. STATE Maryland b. COUNTY Prince George's MARYLAND requires that the death certificate be executed within 24 hours after and completely filled in by the freezewe carban papers. Pages any event, within 72 hours after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Hyattsville 3-1/2 days Cheverly e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 5006 - 54th Place YES NO K Prince George's General Hospital 3. NAME OF 4. DATE Year Lost Doy DECEASED FEb. 17 1967 (Type or print DEATH William Baxter 1 YEAR IF UNDER 24 HRS. IF UNDER 5. SEX B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED 64yrs Male White June 10 1902 641

11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)

Foreman TI COUNTRY ? SNOVERNMENT the attending physician sit permit. Then please Virginia and 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Margaret Jackson John Baxter 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service Hvattsville, Md. 579 22 4819 Dorothy Ann Baxter INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH cute hemounhage ANCHEATITIS IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO attending p stoting the underlying couse as the has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YESXX NO O FUNERAL DIRECTOR: After this certificate for 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram June , 1960, to Feb. 17 1967, that (1) (we) last 4 may be retained saw the deceased alive an Feb. 17. 167 and that death accurred at 1:55M, fram causes and an the date stated abave MED AM 22b. DAJE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. director, page 3 should be filed v DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 350 NAME (Type) OKMAN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23o. BURIAL CREMATION REMOVAL (Specify) Washington D C. Feb 20, 1967 St Mary's catholic Hyattsville, Md. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR F. Gasch's Sons Muzilas VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02520 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) a. COUNTY o. SIAJE Maryland b. COUNTY Prince George's 0 2 Page Prince George's

b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) MARYLAND delay and 2 with the State Department c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b and Cheverly DOA Temple Hills d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE fice alang with farm ON A FARM? Prince George's General Hospital 5000 Temple Hill Road NO X be executed within 24 haurs after death. NAME OF First 4 DATE Year Day DECEASED Franklin 1967 Anderson Bevard (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS birthday) Item 18. Months Days Haurs white male WIDOWED DIVOR CED 4-29-99 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Landover Sand & Gravel Baltimore, = Co. . Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME pencil bd 72 hours Elizabeth Howard W. Bevard A. Anderson _ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Chief Medical (Yes, no, ar unknawn) (If yes give war or dates af service) within Same as Item #2 XXXXXXXXXXXX 215 10 Evelyn A. Bevard no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL SETWEEN event v PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Heart Failure This certificate shauld writing the ward DUF TO any Conditions, if any, which gove Arteriosclerotic Heart Disease unknown rise ta immediate cause (a), 9 = DUF TO stating the underlying cause farwarded last removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS)
PERFORMED? the certificate, Diabetes Mellitus. over 6 years) NO YES 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should shauld l PRIMARY Or CONTRIBUTING 0 CAUSE OF DEATH 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (State) Nat While Haur a.m. factory, street, affice bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page at wark 21. I certify that I took charge of the remains described above, held an Autapsy Inspection X. Inquiry X and in my apinian Natural causes X Accident death resulted fram: Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE 2-7-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** TO FUNE Health NAME (Type) John Kehoe M.D., Riverdale, Maryland Address (Street, city, tawn, ar caunty) 230. BURIAL, CREMATION DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (Stote) REMOVAL (Specify) Feb. 10-1967 Baltimore. Parkwood Cemetery ore Md.
2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5) Charles Bros. 1661-Good Hope Rd SE Wash DC 6M 1/67

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tems 18-21_Film MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY a. COUNTY a. STATE delay is. and 3 to Maryland Prince George's Prince George's MARYLAND c. CITY OR TOWN (If gutside corparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b b. CITY OR TDWN (If autside carparate limits, and PM3 write RURAL and give nearest tawn) New Carrollton Glen Dale 6 hrs. d. NAME DF HDSPITAL DR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Apt. 663 be executed within 24 hours after death. If a "pending" in pencil in Item 18. Give Pages 1, nief Medic I Examiner's Office olong with form Office olong with form NO X Private driveway off Glen Dale Road 5516 Karen Elaine Drive 4. DATE 3. NAME OF Year DECEASED 19 67 Bird DEATH (Type ar print) Beverly IF UNDER 24 HRS IF UNDER 1 YEAR 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Manths Days Haurs 72 hours ofter deoth. WIDOWED DIVORCED April 1929 Female White 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10a. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life even if retired)
School Teacher INDUSTRY COUNTRY? Indiana II.S.A School 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Harriet L. Gaddis Victor S. Mussawr: 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1319 Stockton Ct. permit. (Yes, na, ar unknawn) (If yes give war or dates af service within Harriet L. Mussawri No 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY event Combined intoxication - ethyl alcohol IMMEDIATE CAUSE (a) e, writing the word farwarded to the Ch This certificate should and carbon monoxide DUE TO ony Canditians, if any, which gave rise to immediate couse (o), 2. DUE TO stoting the underlying cause 19. WAS AUTOPS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) removol, PERFORMED? NO X the certificote, 20a. EXTERNAL CAUSE WAS PRIMARY ☑ ar CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should pluods cremation, or Ran hose from exhaust pipe to interior of car CAUSE OF DEATH. (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) 20c. TIME OF INJURY Month, Day, Year Driveway of Box moy be retained for your FUNERAL DIRECTOR: Page 138. Glendale P.G. 1967 Md. XXX 2-13 at wark at wark please execute 2]. I certify that I taak charge of the remains described above, held an Autapsy I, Inspection x, Inquiry x, and in my opinion Natural sauses, Accident . Suicide . Hamicide . Undetermined manner death resulted fram: the funeral director. CHIEF MEDICAL EXAMINER Health priar ta 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 2-14-67 John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) NAME (Type) 23a. BURIAL, CREMATION, REMDVAL/Specify) Cremation 23c NAME DE CEMETERY DE CREMATDRY 23d. LDCATION (City or Town) 23b DATE THEREOF (County) 0 Lee's Crematory Washington, D.C. 2-15-67 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A 15ME (5) Lee Funeral Home 300 4th St. N. E. Wash., DWEEEB 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COLINTY a STATE b COUNTY any delay is , 2, and 3 ta 2, and 3 ta PM3. Page and 2 with the State Department of Prince George's

b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) MARYLAND Maryland Prince George's c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Cheverly DOA Bladensburg d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? the certificate, writing the ward "pending" in pencil in tem 18. Give Pages 1, 4 shauld be farwarded to the Chief Medical Examine's Office along with form Prince George's Hospital 5202 Tilden Road NO DO This certificate shauld be executed within 24 haurs after death. NAME OF Middle Lost 4 DATE Month Doy Year DECEASED (Type or print) DEATH February 6 (NMT) Bird Robert 9. AGE (In years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH birthday) Manths Doys Haurs white October 4, 1887 within 72 haurs after death. male DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT D. COUSTR'Goverment during most of working life even it retired) UCOSTRYA. England permit. File pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Bird Jane Haughton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no, ar unknawn) (If yes give water dates of service) Gertrude Bird Same as #2 (wife) 220 44 0880 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit event minutes PART I. DEATH WAS CAUSED BY: Heart failure IMMEDIATE CAUSE (a) DUE TO any Canditions, if any, which gove Arteriosclerotic heart disease unknown rise ta immediate cause (a), = DUE TO stoting the underlying cause 0 pup OS last be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPS'
PERFORMED? ar remaval, YES NO X 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld PRIMARY ☐ ar CONTRIBUTING ☐ MEDICAL EXAMINER: CAUSE OF DEATH crematian, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (Caunty) (State) Page Haur a.m. Not While factory, street, affice bldg., etc.) at wark at wark 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection . Inquiry x and in my opinion FUNERAL DIRECTOR: death resulted fram: Natural causes X. Agcident Suicide Homicide Undetermined manner be retained ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER priar SIGNATURE 2-7-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health Ridwelldalie town Med county) may NAME (Type) John Kehoe, M.D. 23c. NAME OF CEMETERY OR CREMATORY Arlington National 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town)
Arlington 236. DATE THEREOF 2/8/67 Arlington Va 0 BREMOVAL (pecify) 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15ME (5) Francis Gasch's Sons Hyattsville, Maryland 6M 1/67

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1. PLACE OF DEATH o. COUNTY P	rince Geor	ge	MARYL	AND	2. USUAL RESIDEN a. STATE Ma	CE (Where dec ryland	eased lived, if insti b. Co	OUNTY P	rince	odmission) Georg
b. CITY OR TOWN (I	f autside carparate limits, give nearest town)		c. LENGTH OF STAY IN D. O. A.	1b	c. CITY OR TOWN (arate limits, write Apt #2	RURAL and g	ive nearest	tawn)
	al or institution (if not corge General				d. STREET ADDRESS 6325 64t		et		6	ON A FARM?
3. NAME OF DECEASED (Type or print)	JOANI	NE	Middle K. I	BLA	CKWELI	4. DAT OF DEA	H	eb.	9, Day	Year 67
S. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	DIVORCED		Dct. 28,		9. AGE (In years 38 birthdoy) yrs	Months		Haurs Min.
10g. USUAL OCCUPATION	(Give kind of work done life even in refined)	10ь. KII Но	nd of Business or Displital		Texas	tate ar foreig	n cauntry)	12.	CITIZEN OF CUNSY?	WHAT A.
13. FATHER'S NAME Ralph L.	Kirkley				14. MOTHER'S MAIL Grace		ssel			
15. WAS DECEASED EVE	R IN U.S ARMED FORCES?	16. 9	SOCIAL SECURITY NO.	I 17 IN	NFORMANT		Ad	ldress		-1-1-1-1-1
no	(If yes give wor or dates at	service)	SOCIAL SECONITI NO.		l. Travis	L. Bla			S. Ar	my
18. CAUSE OF DE	ATH (Enter only one cause H WAS CAUSED BY:	se per line far	(a), (b), and (c).)			L. Bla			INTE	MY RVAL BETWEEN ET AND DEATH
18. CAUSE OF DE PART 1. DEAT 97/. 8	ATH (Enter only one caus H WAS CAUSED BY: IMMEDIATE CAUSE (DUE	se per line far (o) Into	(a), (b), and (c).)	Cel	l. Travis	L. Bla			INTE	RVAL BETWEEN
18. CAUSE OF DE PART 1. DEAT 977/, 8 Canditions, if any, rise ta immediat	ATH (Enter only one cause H WAS CAUSED BY: IMMEDIATE CAUSE (DUE which gave e couse (o),	ie per line for (o) Into (b) Cya	(a), (b), and (c).)	Cel	l. Travis	L. Bla			INTE	RVAL BETWEEN
18. CAUSE OF DE PART I. DEAT 977 / 8 Canditions, if any, rise ta immediat stating the under lost.	ATH (Enter only one cause H WAS CAUSED BY: IMMEDIATE CAUSE (DUE which gave e couse (o), lying couse	(c)	(a), (b), and (c).) oxication nide inges	Cel	l. Travis		ckwell		INTE	RVAL BETWEEN ET AND DEATH
18. CAUSE OF DE PART I. DEAT 9771. 8 Canditions, if any, rise ta immediat stating the under last.	ATH (Enter only one cause H WAS CAUSED BY: IMMEDIATE CAUSE (DUE which gave e couse (a), lying couse GNIFICANT CONDITIONS CO	is per line for Into	(a), (b), and (c).) oxication nide inges	Col	n. THE TERMINAL DISEASE	CONDITION G	iven in part 1(a)	U• \$	INTE	RVAL BETWEEN ET AND DEATH WAS AUTOPSY PERFORMED?
18. CAUSE OF DE PART I. DEAT 9771, 8 Canditions, if any, rise ta immediat stating the under last.	ATH (Enter only one cause H WAS CAUSED BY: IMMEDIATE CAUSE (DUE which gave e couse (a), lying couse GNIFICANT CONDITIONS CO	ice per line for Into	(a), (b), and (c).) oxication nide inges	Cell	n. THE TERMINAL DISEASE (Enter nature of injury)	CONDITION G	iven in part 1(a)	U• \$	INTE ONS	RVAL BETWEEN ET AND DEATH WAS AUTOPSY PERFORMED?
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1		Division of STATIS	A TICAL RESEA	MARYLAND STATE	DEPART	MENT OF HE	ALTH T. BALTIMORE	. MARYLAN	D 21201	
9	2525	Ιtε	em #14 1	Film #G286 CERTIFIC	ATE OF	DEATH		n:	2518	
0. (E OF DEATH DUNTY	: C		MARYLAN	0.	UAL RESIDENCE (WI STATE Marry 1 a		b. COUNTY		
,	rite KUKAL ond	ince George foutside corporate limit give nearest town) everly		c. LENGTH OF STAY IN 10	c. CIT	Maryla y OR TOWN (If out: Laurel		s, write RURAL o	ond give neorest to	own)
	AME OF HOSPITA	at or institution (if no eorges Gene		ive street oddress)	d. STI	REET ADDRESS	tistreet			IS RESIDENCE ON A FARM? S NO
3. NAN	NE OF EASED or print)		rst	Middle	Bu	lost	4. DATE OF DEATH	Month Feb.	Doy 21	Year 19 67
S. SEX		6. COLOR OR RACE Negro (Give kind of work done	7. MARRIED	NEVER MARRIED X		of BIRTH 26 June 1	900 lost	birthdoy) Mo	onths Doys	F UNDER 24 HRS. Hours Min.
during n	IAL OCCUPATION nost of working I	(Give kind of work done life, even if retired)	10b. KII	ND OF BUSINESS OR DUSTRY		Maryl:	and	ountry)	12. CITIZEN OF V	. A .
		Joseph				NOTHER'S MAIDEN N	149×149	, , , ,	becca Cl	ark
15. WA (Yes, no	s DECEASED EVE , or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	of service) 16. S	SOCIAL SECURITY NO.	John	Burley	Item	Address #2	9.15	
Cor	PART I. DEAT 16 3 7 Inditions, if ony, at to immediate ting the under	e couse (o),	(o) Pa 10 Ca	(o), (b), and (c).) elseener	of the	suffice Le fin	eney ng		ONSET	VAL BETWEEN AND DEATH
3 NOILY PA	RT II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATE	D TO THE TER	MINAL DISEASE CONT	DITION GIVEN IN P.	ART I(o)	19. W PI YES	AS AUTOPSY ERFORMED?
□ OR	CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY OCCU						
WEDICA 20	p.n		While of work	Not While of work	foctory, stre	NJURY (Home, form, et, office bldg., etc.)		or town)	(County)	(Stote)
	saw the d	fy that-(1) (this has eceased alive an_		ded the deceased fro 19, and	that deat	h accurred 5 t,			, 19, tha I an the date 22b. DATE SIGNED	stated abave
	20. SIGNATURE 2c. PHYSICIAN'S NAME (Type	Norman K.	Bohrer	Bolier, M.D.	M.D. PH	TENDING YS. 2d. ADDRESS rince Geo	DIRECTOR L	STAFF PHYS.	. 720.21	, 1967
150	URIAL, CREMATIC EMOVAL (Specify INERAL DIRECTO	ON, 23b. DATE TH		23c. NAME OF CEMETER ADDRESS	Y OR CREMAT	ory netery		(City or Town)	(County)	(Stote)
K	short	-L. An	onde	~ Rocky	ille		EB 28		Charles	Judge

and the same

VR A15 (4) 20M 1/65 Prince Georges

ON A FARM?

WAS AUTOPSY

PERFORMEO?

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(County)

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e. IS RESIDENCE YES

> Month 0av Year 1967

AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Oays | Hours | Min. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT

Address

INTERVAL BETWEEN ONSET AND DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

DATE

that (I) (we) last

M, from the causes and on the date stated above. 22b. DATE SIGNED

23d. LOCATION (City, town or county)

Washington. D. C.

REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death.

1		02527			CERTII	FICATE	OF	DEATH			0	2520	
	1. PL	LACE OF DEATH								ed lived, if institut b. COU	VTV		
/	0.	Prince	George's C	count	y MAR	YLAND	Ma	ryland		Prince G	eorge '	s Count	У
	b.	. CITY OR TOWN (I	t outside corporate limit	S,	c. LENGTH OF STAY	IN 1b	c. CITY	OR TOWN (If ou	tside carpora	ote limits, write RU	RAL and give	nearest town)	
		Chever	l give neorest town)		ll days		B1	adensbur	g		160	111	
	d.			ot in hosp	pitol, give street oddress)		d. STR	REET ADDRESS	-			e. IS RESIL	DENCE
4	Pr	rince Geo	orge's Gene	ral			43	17 - 57t	h Ave	nue		YES T	NO A
	3. N	AME OF ECEASED	Jac	due]	Lina Middle	TO BE		Lost	4. DATE OF	Mont	h	Doy Ye	ar
	(T	ype or print)		aby	Girl		Car	r	DEATH	Fe	b. 1	.5 . 19	67
	S. SE	EX	6. COLOR OR RACE	7. MAR		D XX B	. DATE	OF BIRTH	9	. AGE (In years	IF UNDER 1		-
	F	emale	White	WIDO	WED DIVORCE	D 🔲	Feb	. 3, 196	7	lost birthdoy) yrs.		Doys Hours	Min.
			(Give kind of work done life, even if retired)	1	Ob. KIND OF BUSINESS OR INDUSTRY			IRTHPLACE (County Mar ylar		reign country)	12. CITI COL	ZEN OF WHAT INTRY? S.A.	
	13. F	FATHER'S NAME Phi	llip J. C	arr				OTHER'S MAIDEN MELIZADE		reamer			1
					16. SOCIAL SECURITY NO.	17. 10	NFORM.	ANT		Addre	ess		
н	(Yes,	, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)	To. Social Secont 1 No.				TC	arr (ab		nesider	1001
	_	No	(A. T.)			IVL	1.	mrrrb			000	INTERVAL BET	
		PART I. DEAT	EATH (Enter only one col IH WAS CAUSED BY:	use per lir	ne for (o), (b), ond (c).)		1	1000-1	111	Father)		ONSET AND D	
		7/00	IMMEDIATE CAUSE				W	recer	1	,			
		Conditions, if ony,	DUE			1	-	Tronen s	lut	7	() Y () (And the	
		rise to immediat	e couse (a)	(p)		1	1	Turi-		/ 	1		
		stoting the under	rlying couse	(c)	1	Olo	00	P. Here	line	allen	16.		
	2	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUT	TING TO DEATH BUT NOT RE	LATED TO TI	HE TERA	AINAL DISEASE CON	IDITION GIVE	N IN PART 1(o)		19. WAS AUT	OPSY
3	100				E-LINE A			' 0				YES T	NO 🗍
	2		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20	05. DESCRIBE HOW INJURY O	OCCURRED. (Enter no	oture of injury in	Port I or Por	t II of item 1B.)		SHIP	
	MEDICAL	20c. TIME OF INJU	10		20d. INJURY OCCURRED While Not While of work			JURY (Home, form et, office bldg., etc.)		(City or town)	(Cou	nty)	(Stote)
П		21. I certi	fy that (1) (this ha		attended the deceased	fram_E	'ah	3,1	9.67,1	o Feb.15	, 196	7, that (I) (we) las
Н			eceased alive an =		15 1967	and that	deat	h accurred at	7:20 1	A, fram causes	and an th	e date state	d abave
	-	220. SIGNATURE		70				and the	A.M			TE SIGNED	7.
			Julian	DI	Men	M.D		TENDING YS.	MED. DIRECTOR	STAFF PHYS.	1 6	1-18-	67
		22c. PHYSICIAN'S	7					2d. ADDRESS					-
1		NAME (Type	John W. Pe	rkin	s. M.D.	= 1.48	6	201 Rive	erdale	Rd. Riv	erdale	,Maryla	ind
	230	BURIAL, CREMATIC		_	23c. NAME OF CEM	METERY OR C	REMATO	ORY	23d. LC	CATION (City or To	wn)	(County) (S	Stote)
	250.	REMOVAL Specify			Arl.Na			100		lington		. ,, .	
1	24.	FUNERAL DIRECTO						1 0 1° 350. RECT		RAR 25b. RE	EGISTRAR'S SI		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02528 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) O COUNTY Prince George's Prince George's and 2 with the Stote Deportment of MARYLAND deloy b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn). c. LENGTH OF STAY IN 16 puo Cheverly | DOA d. NAME OF HOSPITAL OR MISTITUTION (If not in hospitol, give street oddress) Riverdale d. STREET ADDRESS e. IS RESIDENCE ON A FARM? e olong with farm 6705 Oakland Avenue Item 18. Give Poges Prince George's Hospital YES NO 1 24 hours ofter deoth. 3. NAME OF Middle Last 4. DATE Manth Day Year DECEASED 67 (Type or print) Carroll February 19 Melvin Francis DEATH 9. AGE (In years lost birthdoy) S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED B. DATE OF BIRTH NEVER MARRIED Months Hours after death WIDOWED DIVORCED Dec. 6. 1914 52 yrs. white 10a. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 5 during most of working life, even if retired) Distributor I COUNTRY ? Washington D. C. File pages be executed within pencil Chief Medical Exomine 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 72 hours of Dora Roth Bernard Carroll .⊆ 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, nq, or unknown) (If yes give wor ar dotes af service) Betty E Carroll Miverdale, Md. within 578 10 7089 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Minutes event Avulsion of medulla and pons IMMEDIATE CAUSE (o) _ This certificate should writing the word DUE TO ony Canditians, if any, which gave Fracture-dislocation of atlas rise to immediate couse (o), = DUE TO stating the underlying couse forwarded puo PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) or removol, 19. WAS AUTOPSY PERFORMED? execute the certificate, YES X NO 4 should be 20o. EXTERNAL CAUSE WAS PRIMARY ☆ or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 3 should Pedestrian struck by car. CAUSE OF DEATH. cremation, 20d. INJURY OCCURRED 2 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) While Not While of work 6700 Block of Good Luck Rd. may be retoined for your FUNERAL DIRECTOR: Poge 6:35amp.m. 2-7-67 19 at work P.G. Md. 21. I certify that I took charge of the remains described obove, held an Autopsy Inspection X Inquiry X, ond in my opinion Notoral couses deoth resulted from: Accident X Suicide . Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL TO FUNERAL DI Heolth prior t 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 2-7-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Kehoe, M.D. NAME (Type) Address (Street and Jown, Moounty) 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Virginia Arlington Feb 10, 1967 Arlington Cemetery Bruial REGISTRAP'S SIGNAPURE 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR VR A15ME (5) F. Gasch's Sons Hyattsville, Md. 196/ 6M 1/67

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FOR STATE		02529	M	EDICAL EXAMINI	ER'S	CERTIFICATE	OF DEATH		02522
HEALTH DEPT:		a. COUNTY Prince	George's			g. STATE Maryland		b. COUNTY Prince	ce George's
2, and 3. PM3. P		Riverdale		DOA	16	Riverd		s, write RURAL	16-1
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deoth e Pog with he Sta	3.	NAME OF DECEASED	First	Middle		Last	4. DATE OF	Manth	Day Year 14 19 67
rs ofter 18. Giv e olong 2 with t	S.	SEX 6. COLO	R OR RACE 7. MARRI	ED NEVER MARRIED		. DATE OF BIRTH	9. AGE (In years IF birthday) M	UNDER 1 YEAR IF UNDER 24 HRS. onths Days Haurs Min. 3 8
24 hour in Item is Office so I and office decorate the second of the second in the second of the sec	10d dur	USUAL OCCUPATION (Give kin.	d of work done 10h	o. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Sto	te ar foreign cauntry) nd		12. CITIZEN OF WHAT COUNTRY?
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ecuted vinging in indical facility in indical facility is seen in indicated in indicated in indicated in indicated in in indicated in i	15. (Ye	WAS DECEASED EVER IN U.S. A ss, no, or unknown) (If yes giv	RMED FORCES? ve war ar dates af service)	16. SOCIAL SECURITY NO.	17. II	FORMANT Cekuta R	iverdale,	Address Md.	
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EDICAL ESTAGE EXECUTION POOR INTERPRETATION OF COMMITTEE		death resulted from				de 🔲, Homicio	le 🔲, Undeter		
		SIGNATURE	John /			DEPUTY MFD			22. DATE SIGNED
ecessal may may Funer Funer eofth	230	NAME (Type) John K	Zehoe, M.D. 23b. DATE THEREOF	23c. NAME OF CEMETI	ERY OR C	REMATORY	23d. LOCATION	(City of Town)	2-14-67 (Caunty) (State)
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02530 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE DF DEATH attending physicion and completely filled in by the funeral bermit. Then please remove corbon papers. Pages A and o. COUNTY o. STATE b COUNTY Prince Georges MARYLAND Maryland Princ'e Georges
c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY DR TDWN (If outside corporate limits. c. LENGTH DF STAY IN 1b on papers. Pages within 72 hours aft write RURAL and give nearest town) Cheverly 3 days d. STREET ADDRESS d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street address) IS RESIDENCE DN A FARM? YES ND Prince Georges General Hospital 30th Stree 4007 3. NAME DE Lost 4. DATE Doy Year DECEASED (Type or print) DEATH Feb Ryland AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SFX 6. COLDR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Dovs Hours White WIDDWED DIVDRCED Male 27 Mar., 1897 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY CDUNTRY? Charlestown, W.

14. MOTHER'S MAIDEN NAME Retired 13 FATHER'S NAME removal Eugene M. Chapman Clara Tavenner 1S. WAS DECEASED EVER IN U.S. AKMED FUNCES:
(Yes, no, or unknown) (If yes give wor or dotes of service) IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFDRMANT Address 0 78-32-3230 Nellie G. Chapman above same 83 18. CAUSE DF DEATH (Enter only one couse per line for (o), (b), ond (c).)
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MARYLAND STATE DEPARTMENT OF HEALTH

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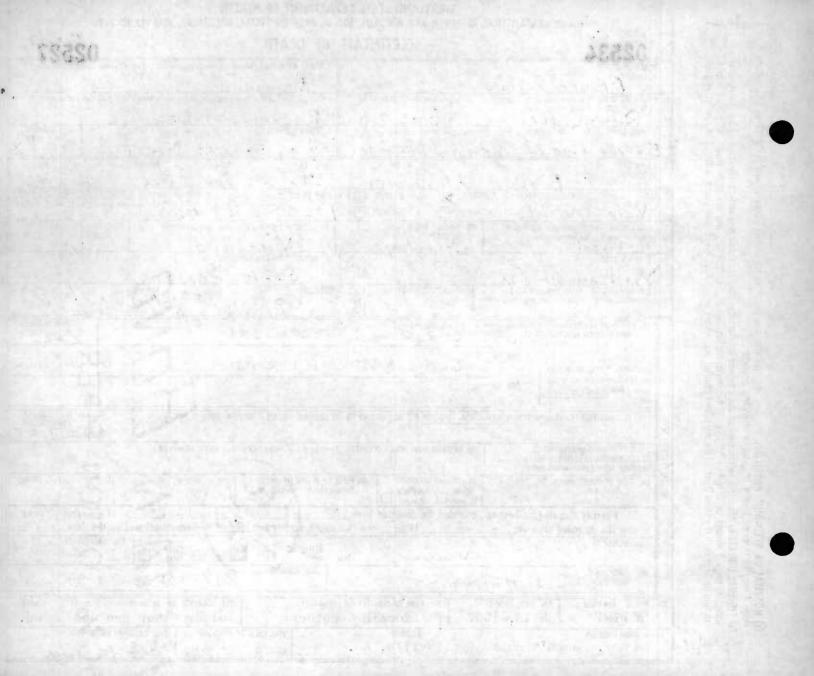
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02533 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b CDUNTY 0 Prince George's MARYLAND Maryland Prince George's 3 the State Department b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) P.M3. ond DOA Cheverly Hvattsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS ong with farm NO ST Give Pages 7214 Forest Road YES Prince George General Hospital be executed within 24 haurs after death. "pending" in pencil in Item 18. Give Page 3. NAME OF Middle 4. DATE Lost Month Dov Year DECEASED OF Carlin 19 67 (Type or print) Eugene DEATH Coppage IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED Office Male White -24 - 191110o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Medical Examiner's Campbell Sand to Stafford, Va. Engineer George Coppage Hattie Heflin 15 WAS DECEASED EVER IN ILS ARMED FORCES? 17. INFORMANT Address 7214 Forest 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) within Frances A. Coppage, Rd. Kentvilla Unknown No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH Chief PART I. DEATH WAS CAUSED BY: event IMMEDIATE (AUSE (a) Multiple skull fractures This certificate shauld writing the ward DUE TO the any Conditions, if ony, which gove (b) shauld be farwarded ta rise to immediate cause (o), . = DUE TO stoting the underlying couse D and used WAS AUTOPSY PERFORMED? remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO X please execute the certificate, be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 3 shauld 70 PRIMARYX or CONTRIBUTING CAUSE OF DEATH. Run over by truck crematian, 20f (City or town) 20c. TIME OF INJURY Month, Doy, Year 20e: PLACE OF INJURY (Hame, farm (County) (State) 9:35am p.m. 2-28- 19 67 While of work of work foctory, street, office bldg., etc.) DIRECTOR: Page Rt. 197. Bowie Pit of Campbell Sand Co. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection x, Inquiry x, and in my apinion deoth resulted from: Natural causes Acdident * Suicide Homicide Undetermined monner the funeral directar be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER **EXAMINER'S** may 3-1-67 Health Kehoe, M.D. Riverdale. Md. Address (Street, city, town, or county) NAME (Type) John. 23c. NAME OF CEMETERY OF CALLANDERY 23d. LOCATION (City or Town) 50 Ft. Lincoln Cemetery Bladensburg Manyland 24. FUNERAL DIRECTOR VR A15ME (5) CHAMBERS CO., Wash., D.C. 6M 1/67

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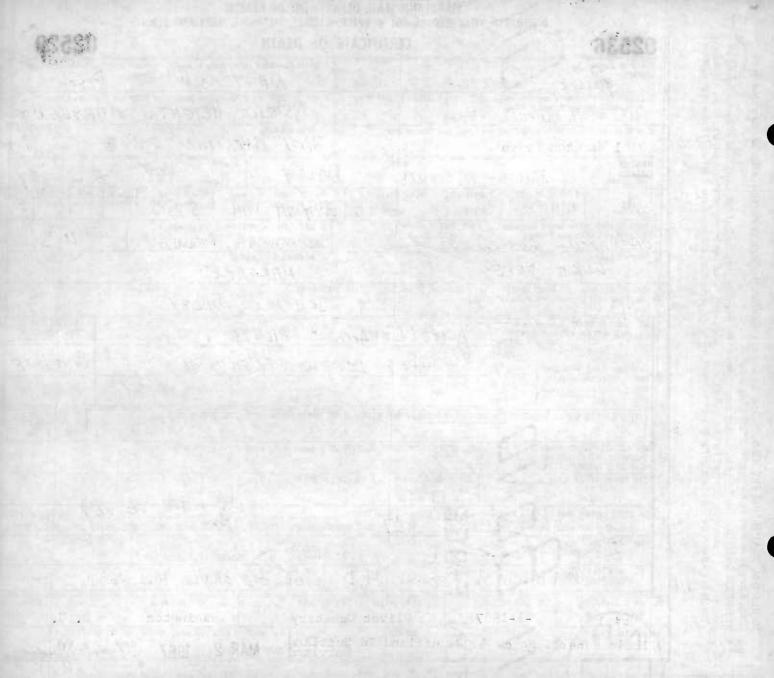
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death ond 2 physician ond completely filled in by the funeral PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within YES NO NAME OF DATE Lost Doy Year DECEASED (Type or print) Fob 196 DEATH 9. AGE (In years 7. MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Doys Hours WIDOWED OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life even if retired) INDUSTRY COUNTRY? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Susie Daxis signed by the offending WAS DECEASED EVER IN U.S. ARMED FORCE \$7 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dates of service COX 10 buriol, cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
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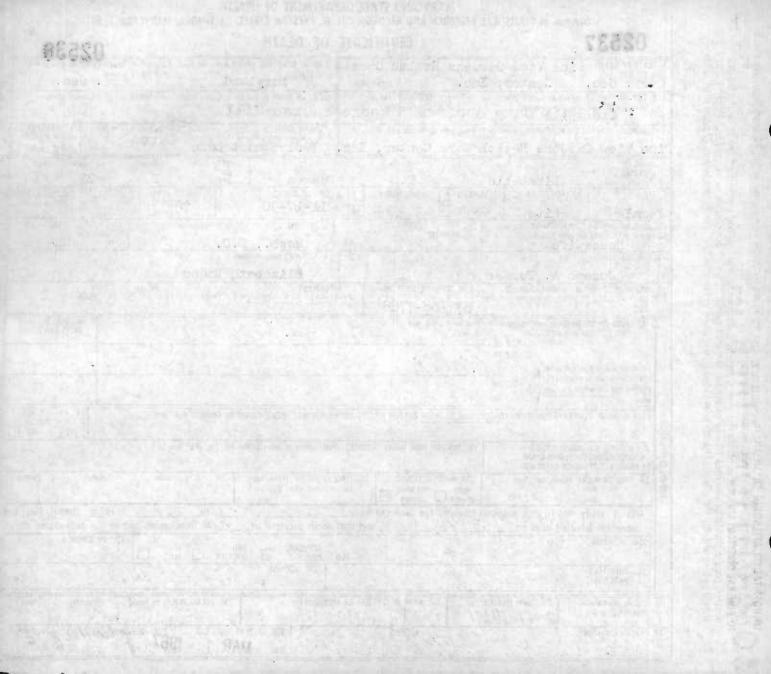
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	21. I certify that (1) this hospital) attended the deceased from May 17, 1966, to Jel /, 1967, that (1) (we) last saw the deceased alive on 1967, and that death occurred at 1968, from the causes and on the date stated above
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02536 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) PLACE OF DEATH a. COUNTY MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) /6b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 16 give negrest town HEIGHTS filled in the papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? BREWTON 3101 Brewton Drive NO Z 3. NAME OF Middle 4. DATE Year physician and campletely en please removercarban DECEASED DEATH (Type or print) event, S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS NEVER MARRIED Jast birthday) Manths Days Haurs WHITE JULY 27 WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY 71 during most of warking life, even if retired) **INDUSTRY** SAEUANDOAH OPERATOR 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAMI ar remaval, LUKE MARGARET signed by the attending burial-transit permit. Th 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor ar dates of service burial, crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: NTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) by the hospital ar attending physician IMMENATE FUEURX SM Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause this certificate has been letached far use as the Dept. af Health priar ta lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES T NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour 'o.m. factory, street, office bldg., etc.) Nat While at wark at wark TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram. be retained 1967, and that death accurred at 2.25M, fram causes and an the date stated above the deceased dive on # B 22b. DATE SIGNED 22a. SIGNATUR MED. DIRECTOR M.D. 22d. ADDRESS ECSON 6/06 SILVER HILL 120AD 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Burial Mt Olivet Cemetery 3-1-1967 Washington D. C. 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** Wilhelm Funeral Home 4308 Suitland Rd Suitland VR A15 (4) 25M 1/67



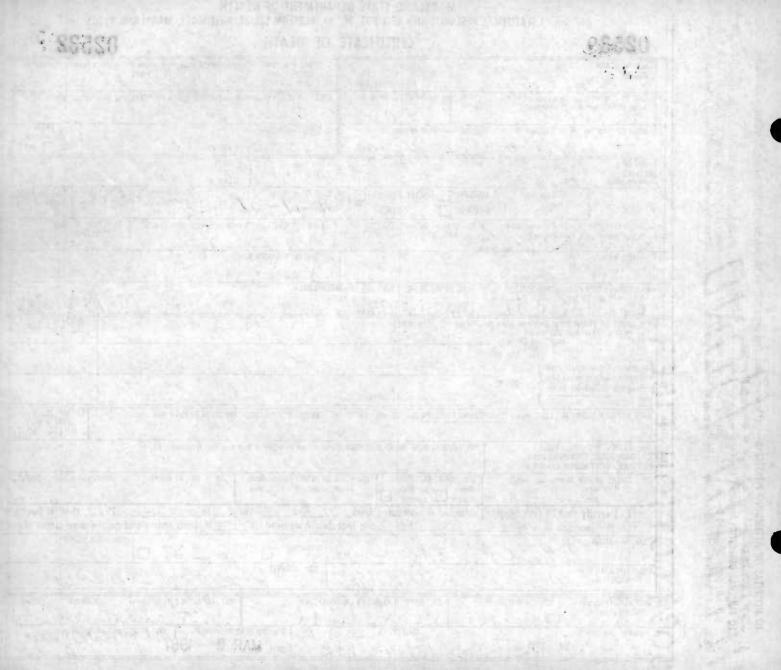
MARYLAND STATE DEPARTMENT OF HEALTH



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		SIGNATURE	XF	11	11	1	120	1		AL EXAMINER				4-67
		NAME (Type)	John Keh	oe.	M.D.	_				Hall Bwn, Mer	inty)			
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	24	ELINERAL DIRECTO	30/01	40.4	. /	10	ADDRESS	,	MA V2SO. REC	D BY REGISTRAR	//	SISTRAR'S SIG		
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02539 requires that the death certificate be executed within 24 hours after death physician and campletely filled in by the funeral en please remoye carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE b. COUNTY o. COUNTY PRINCE George PriNEC GEOTYE MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) iNtON e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS PitAL YES NO T event, within NAME OF 4. DATE Month Doy Last Year DECEASED OF DEATH 1967 B. 26 (Type or print) W00 IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED **NEVER MARRIED** Months Doys Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, eyen if retired) INDUSTRY an That me U.5A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT (Yes, no or unknown) (If yes give wor or dates of service) CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse as the this certificate has been lost. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While 19 ot work Page 4 may be retained by t O FUNERAL DIRECTOR: After ot work 21. I certify that (1) (this hospital) attended the deceased fram 2 - 4 , 1967, to 2-26, 1967, that (1) (we) lost 19 6 7, and that death accurred at 10 38 M, from couses and on the date stated above. saw the deceosed alive an 22b. DATE SIGNED 220. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (Gity or Town (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR DATE MAR



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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OR AT be reta DIRECT (P) 18 3 sh ed with	23			lomm	A Con	man	M.D	111101	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGN	6/67
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Page 4 Page 4 TO FUNE directal shaufd	0	230 E	BURIAL, CREMATIC REMOVAL (Specify	1- 20 In	1967	FORT LINE	ETERY OR C	MAUSOLEUM	BLADE	N (City or Town)	Ms.	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH he law requires that the deoth certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY a. STATE PRINCE GEORGES WASh. ease remove carban papers. Pages 1 and in ony event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 2 YRS WASH. DC COLLEGE PARK IS RESIDENCE ON A FARM? d. STREET ADDRESS completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 13 21 81 VE 5925 9400 NO K 3. NAME OF First Middle Lost 4. DATE Manth Day Year DECEASED DIEHL FEB 1967 (Type or print) DEATH S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours WHITE FEMALE 1880 WIDOWED NoU. DIVORCED 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR IDo. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? during most of working life, even if retired) INDUSTRY WASHINGTON. HOUSE WIFE

13. FATHER'S NAME 4.5.A 14 MOTHER'S MAIDEN NAME CHEVALIER ELLEN COLLINS ALFONSA 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address SAME AS 2 ABCD (Yes, no, or unknown) (If yes give wor or dates of service) 577-09-31990 . SmiTH cremotion INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH signed by t IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o). DUF TO stoting the underlying couse ottending os the this certificate hos been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTA(a) use Cer lever Curvature NO YES lar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature all injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or tawn) (Stote) 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED factory, street, office bldg., etc.) Not While at wark O FUNERAL DIRECTOR: After be retained by 21. 1 certify that (1) (this haspital) attended the deceased fram May 10, 1965, to Feb 17, 1967, that (1) (we) last 1967, and that death accurred at 7:3c PM, fram causes and an the date stated above. saw the deceased alive an Feb. 15 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING M.D. PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Betherda 14 MG 5×02 Nua director, should be 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)

MT. OLIVET

RIVERDALE

ADDRESS

FEB 21 1967

CEM

2Sa. REC'D 8Y REGISTRAR

WASHINGTON

D.C.

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

BURIAL (Specify)

24. FUNERAL DIRECTOR

W.W. CHAMBERS

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02542 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY rince George's o. Swif b. County Prince George's ony deloy is 1, 2, and 3 to m PM3. Poge MARYLAND Stote Deportment b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)

CheverLy c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Hillside 18 hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? uted within 24 hours after death. If o g" in pencil in Item 18. Give Poges 1, ical Examiner's Office along with form Prince George's Hospital 1513 59th Avenue NOX YES 3. NAME OF First Middle Lost 4. DATE Month Doy y ear DECEASED Mary 67 Ann Dooms February 19 DEATH (Type or print) S. SEX 7. MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED birthdoy) Months 2-20-45 Hours 72 hours after deoth. WIDOWED DIVORCED white female 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY Washington D. C. USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME executed within George Armstrong Letitia McGovern 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) . 6 James F. Dooms - husband event within Same as 2 NO 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-tronsit CASET AND DEATH Hemorrhage This certificate should be ficate, writing the word is be farwarded to the Chre IMMEDIATE CAUSE (o) Rupture of esophageal varix 2 days DUE TO any Conditions, if ony, which gove Portal hypertension unknown rise to immediate couse (o), = DUE TO Cirrhosis of liver over 5 vr stoting the underlying couse puo 00 be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? removol, execute the certificate, YES X NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING 4 should 0 CAUSE OF DEATH. cremotion, MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. While Not While foctory, street, office bldg., etc.) moy be retoined for your FUNERAL DIRECTOR: Page ot work ot work 21. I certify that I taok charge of the remains described above held an Autapsy Inspection + Inquiry x and in my opinian //Suicide Natural causes X. Accident the funeral director. death resulted fram: Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE 2-4-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** ohn Kehoe, M.D. Heolth NAME (Type) Address (Street arily town Microunty) 23o. BURIAL, CREMATION DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR) 23d. LOCATION (City or Town) 0 BURIAL (Specify) Congressional Cemetery Washington NX D. C. 2/6/67 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Filhelm Funeral Home ADDRESS Melianles VR A15ME (5) 6M 1/67 4308 Suitland Road, Suitland Maryland DATE

Frince Georgia Entired Seprent a line item Total Total Total Washington and the Committee of the Comm Chen Roll | No appear - though . The sure . H HE most but the larger to the little British H. H. Analyza Ingistan, but Tantania

Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) the attending physician and campletely filled in by the funeral sit permit. Then please remove carban, papers. Pages I and o. COUNTY Prince George's Prince George's Maryland MARYLAND PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) papers. re-Fairmont Hghts 10 hours Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 607 - 60th Ave. YES NO Prince George's General Hospital NAME OF Middle Lost 4. DATE Month Year Day DECEASED Constance Drew FEb. 23 19 67 (Type or print) DEATH IF UNDER 1 YEAR SEX AGE (In years last birthday) IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED XXX NEVER MARRIED 8. DATE OF BIRTH Manths Haurs duy WIDOWED [DIVORCED 5/6/17 Pemale Colored 10o. USUAL OCCUPATION (Give kind af wark dane 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? **INDUSTRY** and HOUSEWIFE WASHINGTON, D.C. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remaval, TOWNSENO LUCAS CYNTHIA JOHNS Address FAIRMONT HGTS. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) (If yes give wor ar dotes af service LLOYO C. DREW, 607 60TH AVENUE, MD. NONE 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit burial, crement ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). physician. DUE TO Canditians, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying cause as the Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Health I morar NO T 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City ar town) (County) Hour a.m. Nat While foctory, street, office bldg., etc.) of work ot work 21. I certify that (1) (this haspital) attended the deceased fram FEb. 23, 1967, ta FEb. 23, 1967, that (1) (we) last shauld saw the deceased alive an Feb. 23. 19 67, and that death accurred at 11:20%, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF ornan M.D. DIRECTOR PHYS. directar, page 3 shauld be filed 22c. PHYSICIAN'S 3231 Superior Lane, Bowie, Md. Dr. Norman K. Bohrer NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (State) 23o. BURIAL, CREMATION, REMOVAL (Specify) 2-27-67 LINCOLN MEMORIAL CEMETERY SUITLAND, MARYLAND 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 JOHN T. RHINES COMPANY 3015 12TH ST. SHINGTON D.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY Prince George after Maryland Pr. Geo. MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. res hours .= Brandywine Brandywine d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4--Box Route No be YES with executed within and completely Richerd Jackson Middle DATE Month Day Year DECEASED event, Falor (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | Days Male White DIVORCED Aug. 20-1906 WIDOWED [60 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician COUNTRY? Prince George County Police Lt. Maryland US law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending primit. Then Pinkney Earnshaw Bertha Rees 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Wife Address (Yes, no, or unkown) (If yes give war or dates of service) Virginia cremation, Earnshaw Same as the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. signed DUE TO Cenditions, if any, which been gave rise to Immediate the or to DUE TO cause (a), stating the prior underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health r this certificate h detached for use te Dept. of Health PERFORMED? YES [NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED 20f. (City or town) (County) (State) be de State Hour a.m. After While Not While be retained by at work at work DIRECTOR: Jage 3 should lied with the (this hospital) attended the deceased from 19 and that death occurred at \$ 16 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. Feb. 28-1967 M.D. TO FUNERAL HOSPITAL PHYSICIAN'S 22c. 22d. ADDRESS director, p NAME (Type) Richard H. Dobson Brandywine. Maryland 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Waldorf, Trinity Memorial Gardens buria. Mar. Maryland MERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE Bros. VR A15 (4) 1661-Good Hope Rd SE Wash DC 20 M 1/65

and state of the s ga dat see see see de de la destaction de la company de la Lander - Last of Change Court of the Land Court array primary and the total the state of the Street a limited at his beautiful and the street an Danie verte de la control de l The Republic of the State of th

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02546 CERTIFICATE OF DEATH The law requires that the deoth certificate be executed within 24 haurs after death deoth funeral 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Prince Georges D.C. ompletely filled in by the fur ve carbon papers. Pages 1 event, within 72 hours after MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest tawn) Glenn Dale (rural 19 days Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Glenn Dale Hospital 1605 7th St., N.W. YES NO X 3. NAME OF Middle 4. DATE remove carbon First Last Month Doy Year DECEASED 19 67 Claude S. Eaton February 6, (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED Manths birthday) Hours 11/3/1892 male WIDOWED DIVORCED negro puo 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during mast of working life, even if retired) INDUSTRY North Carolina unknown Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremation, or removal Russell Eaton Fannie Boyd 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates af service) 577-14-9191 decedent 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Carcinoma of the urinary bladder with metastases Poge 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause as the has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Pulmonary tuberculous, moderately advanced; right tuberculous pleurisy with effusion; generalized arteriosclerosis. 19. WAS AUTOPSY PERFORMED? use of Health NO **DIRECTOR:** After this certificate PHYSICIAN: for 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, affice bldg., etc.) Not While of work OR ATTENDING ot work 19 67 to . 19 67, that (\ (we) lost 21. I certify that (this hospital) oftended the deceased from. 17187 2/6/ 1967 , and that death occurred at 1:30 km from causes and on the date stated above. sow the deceosed olive on 22b. DATE SIGNED 22n SIGNATURE 2/6/67 M.D. DIRECTOR PHYS. director, poge should be filed 22d. ADDRESS Glenn Dale Hospital 22c. PHYSICIAN'S TO HOSPITAL NAME (Type) Moe Weiss. M.D. Glenn Dale, Maryland 23a BURIAL CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Jown) DATE THEREOF (County) (State) Momorial 9 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

MARYLAND STATE DETAILS OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	a. COUNTY	rince Georg	64		2. USUAL RESIDENCE (o. STATE Mary	Where deceosed lived, if institu	otion: Residence be	fore odmission) Georges
\vdash		(Il autside carparate limit		MARYLAND C. LENGTH OF STAY IN 1b		Lattu utside carparate limits, write RU		
	write RURAL a	nd give nearest tawn)		5 days	Laurel	orsido carparato minis, vinto Re	1/ -/	/
H	d. NAME OF HOSP	le. Marylar ITAL OR INSTITUTION (II n	at in haspital, o		d. STREET ADDRESS		161	e. IS RESIDENCE
		Leland Memo			915 Carro	ll Avenue		ON A FARM?
3.	NAME OF DECEASED (Type or print)		rence	Middle None	Eiseman	4. DATE Mor	nth [Poy Year
	sex emale	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVDRCED DIVDRCED	8. DATE OF BIRTH 4-16-76	9. AGE (In yeors less birthday) yrs.	Months Doy	
10	00. USUAL OCCUPATION OF WORKING THE COLOR OF WORKING THE COLOR OF THE	ON (Give kind of work dane g life, even if retired)		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County	(& State, or foreign country) sylvania	12. CITIZEN COUNTR	OF WHAT
	3. FATHER'S NAME	Davis	4		14. MOTHER'S MAIDEN Amand	NAME a Wills		g and the
19	S. WAS DECEASED EV Yes, na, ar unknown	/ER IN U.S. ARMED FORCES? (If yes give war or dates	of service) 16.		INFORMANT gene Leland	Memorial Adda	Riverdal	Le, Md.
	1B. CAUSE OF PART I. DE	DEATH (Enter only one col ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(o) 10	(a), (b), and (c) Wyo (Line	Infection		INTERVAL BETWEEN ONSET AND DEATH
2	rise to immedia	te cause (a), erlying couse	(c)	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED?
2	5	AS UNDERLYING	205. DE	SCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Port I or Port II of item 1B.)		YES NO
CERTIFICATION		G 🗀 CAUSE OF DEATH Y MEDICAL EXAMINER)						
MEDICAL CERTIFICATIO	20c. TIME OF IN	Y MEDICAL EXAMINER) JURY Manth, Day, Yearm. 19	While at warl	Nat While fa	ACE OF INJURY (Home, farr ctory, street, office bldg., etc.	1 / 20	(County)	
	20c. TIME OF IN Haur of	Y MEDICAL EXAMINER) JURY Manth, Day, Year .m. 19 tify that (I) (this ha	While at wark	Nat While fa	ctory, street, office bldg., etc.	19 to 22	5, 196	(State) that (I) (we) las
	20c. TIME OF IN Haur of	Y MEDICAL EXAMINER) JURY Manth, Day, Year .m. 19 ify that (1) (this how deceased alive an	While at wark	Nat While far at wark of the decease of fram	at death Dccurred of	19 to 22	5, 196	that (I) (we) las
	20c. TIME OF IN Hour of 21. I cer saw the	Y MEDICAL EXAMINER) JURY Manth, Day, Year .m. lify that (I) (this hose deceased alive an	While at wark	Nat While far at wark lead the deceased fram_19, and th	at death Dccurred of	19 to 2	ond an the c	that (I) (we) las

Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02548		CERTIFICATE	OF DEATH		02541					
1. PLACE OF DEATH				Where deceosed lived, if instituti						
o. COUNTY Prince	George's	MARYLAND	0. STATE	b. COUN						
b. CITY OR TOWN (If outsid	e corporate limits,	c. LENGTH OF STAY IN 1b	Maryland Prince Georg e c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town)							
write RURAL ond give n	eorest town)	10 days	Capital H		16-1					
	NSTITUTION (If nat in haspital,		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
Prince Georg	e's General H	ospital	609 - 48t	h Ave.	YES NO					
. NAME OF	First	Middle	Last	4. DATE Mont	h Doy Year					
DECEASED (Type or print)	Albert	H. Er	rskine	OF DEATH Feb.	15, 1967					
	OR OR RACE 7. MARRIED		8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HR					
Male Wh	ite WIDOWED		3/1/83	last birthday) 83 yrs.	Manths Days Haurs Min.					
Og. USUAL OCCUPATION (Give k		KIND OF BUSINESS OR		& Stote, or foreign country)	12. CITIZEN OF WHAT					
uring most of working life, eve Retired	olice Office	RIND OF BUSINESS OR INDUSTRY Police	Washin	gton D. C.	COUNTRY?					
3. FATHER'S NAME			14. MOTHER'S MAIDEN I							
George	Erskine		Unk	nown						
IC WAS DECEASED EVED IN H.S.	ADMED FORCESS 14	SOCIAL SECURITY NO. 17.	INFORMANT	Addre	SS					
(Yes, no, or unknown) (If yes o	ive war ar dates of service)		ola S Erek	ine, Same as	# 2					
18. CAUSE OF DEATH (E	nter only one cause per line for CAUSED BY:		reardial	Infaretion	INTERVAL BETWEEN ONSET AND DEATH					
	MMEDIATE CAUSE (o)	a decel prop	remain	and arence						
Conditions, if any, which	DUE TO	(Coronary	ocelusion	U						
rise to immediate cause	(0)	- Corridary	- Coursier							
stating the underlying clost.		Dost @ Du	umineston	ref						
PART II. OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NOTION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO					
20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAU: (IF EITHER, NOTIFY MEDICA 20c. TIME OF INJURY Ma Hour a.m.	SE OF DEATH	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II of item 18.)						
20c. TIME OF INJURY Ma Haur a.m. p.m.			ACE OF INJURY (Hame, farm tary, street, office bldg., etc.)		(County) (State)					
		nded the deceased fram_	, 1	195/, ta 2 15	, 1967, that (I) (we) I					
saw the decease		$\frac{7}{4}$, and the	at death accurred at	M, fram causes	and an the date stated aba					
22a. SIGNATURE	114 11.	111	ATTENDING	MED. STAFF	22b. DATE SIGNED					
/	Mis All	M M	.D. PHYS.	DIRECTOR PHYS.						
22c. PHYSICIAN'S NAME (Type) P	eter Duus, M.	D.	22d. ADDRESS 6124 Centr	ral Ave.Capitol	L Hghts.Md.					
230. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or To	wn) (Caunty) (Stote)					
BUTIAL (Specify)	2/18/67	Cedar Hill	Cemetery	Prince Geor	ges, Maryland					
	lhelm Funeral		2So. REC'I	D BY REGISTRAR 2Sb. RE	GISTRAR'S SIGNATURE					
		. Suitland, Man		FEB 2 0 1967	Mcharles Under					

VR A15 (4) 20 M 1/66

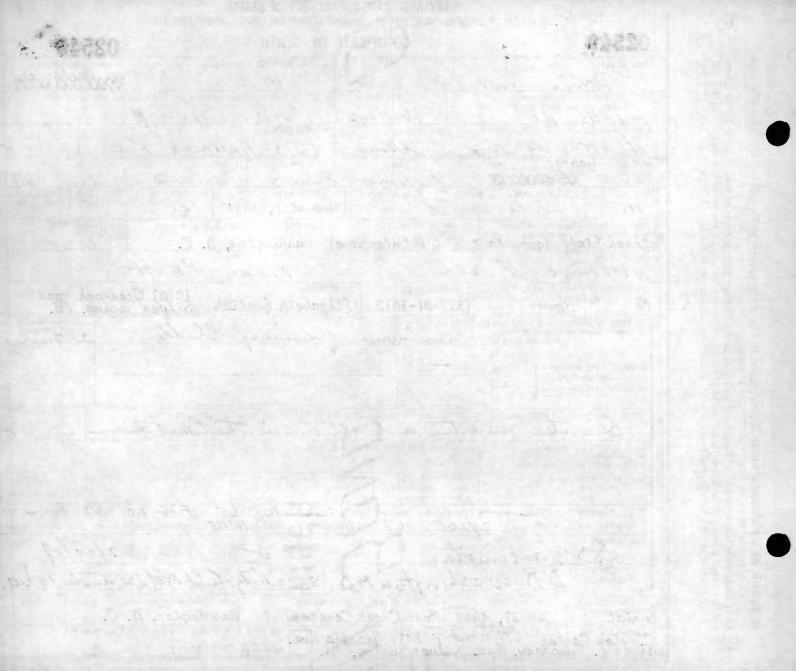
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 moy be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion ond completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please-remove carbon papers. Page should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in ony event, within 72 hours a

Primer George N Proceedings to the AND THE PARTY OF T e Well of Tracking, Chick styles A CONTRACTOR OF THE PARTY OF TH Holizant September 1981 September 1984 Committee Committ

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02549 CERTIFICATE OF DEATH executed within 24 haurs after deoth funeral 1 ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY_ o. STATE b. COUNTY MARYLAND b. CITY DR TOWN (If outside corporate limits, c. LENGTH DE STAY IN 1h c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) give nearest town) d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE DN A FARM? YES NO A 3. NAME OF 4. DATE Doy Year DECEASED OF DEATH 19 (Type or print) S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8 DATE DE BIRTH eose remove lost birthday) Dovs Hours August 1. WIDDWED DIVORCED | and in ony 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Retired Staff Acco INDUSTRY COUNTRY? physicion The law requires that the death certificate Washington. Accountan delephone 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, PRatt BLORGE MAKY 17. INFORMANT Address Greenock Road 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes no, or unknown) (If yes give wor or dotes of service) 577-01-3032 Elizabeth 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: al Cinoma IMMEDIATE CAUSE (o) DUE TD Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN JA PART 1(a) 19. WAS AUTOPSY PERFORMED? hos NO TO FUNERAL DIRECTOR: After this certificate P 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work ot work 21. I certify that (1) (this hospital) attended the deceased from the 10, 1965, to Fif 20, 1967, that (1) (we) last 1967, and that death accurred at 10/12PM, fram causes and an the date stated above. saw the deceased alive an 220. SIGNATURE DIRECTOR M.D. PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BREMOVAL (Specify) Washington, Rock Creek Cemetery 7eb 23 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Georgia Ave. VR A15 (4) 25M 1/67 DATE umphreu.



O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Poge 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL DESEADCH AND DECODDS 201 W DEESTON STREET RAITIMORE MADVIAND 21201

02550	CERTIFICATE	OF DEATH		02543
1. PLACE OF DEATH PRINCE GEORGE'S	MARYLAND	2. USUAL RESIDENCE (WE MARY LAND	nere deceased lived, if institution:	Residence before odmission) GEORGE S
b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b		ide corporote limits, write RURAL	
	BASE 5HR 51MIN	CLINTON		16-1
d. NAME OF HOSPITAL OR INSTITUTION (If nat in	haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
USAF HOSPITAL ANDRE		·	NGBROOK LANE	YES NO X
3. NAME OF First DECEASED (Type or print) MARY	ANN FAM		4. DATE Month OF DEATH FEBRUARY	Doy Year 22 1967
S. SEX 6. COLOR OR RACE 7.		B. DATE OF BIRTH	last hirthdoy) M	UNDER 1 YEAR IF UNDER 24 HRS.
T TITLE OF TO OTTO TIME		22 FEB 196	yrs.	_ 5 51
10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)	IOB. KIND OF BUSINESS OR INDUSTRY A	PRINCE GEO		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
CHARLES ANTHONY FAM	1080	TERESA AG	NES COTTER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates of see	vice)	NFORMANT ARLES A FA	Address MOSO-FATHER-	SAME AS #2
18. CAUSE OF DEATH (Enter only one cause p	er line for (a), (b), and (c).)			INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	RESPIRATORY ARR	EST		ONSET AND DEATH
75 9 3 DUE TO	WITTER COMOTH	TMAI ADMOD	MALTETE	5HR 51MIN
Conditions, if any, which gave (b) rise to immediate cause (a),	MULTIPLE CONGEN	TTAL ABNUR	MAPTITE2	SUK STUTIN
stating the underlying cause (c)				
PART II OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO 1	HE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
20g. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.	Enter nature of injury in Pa	art I or Part II of item 19)	YES 🔀 NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour o.m.	200. DESCRIBE HOW INSURY OCCURRED.	ciner nature at injury in ra	it for rait if of nem (8.)	
20c. TIME OF INJURY Manth, Day, Year Hour o.m. 19		CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (Stote)
21. I certify that (K)(this haspite saw the deceased alive on 22	1) attended the deceased fram	22 FEB , 19 death occurred at 1	67, ta 22 FEB 1:3M, from couses and	, 19_b, that (1) (we) lo
22g SIGNATURE	orden MI	ATTENDING D	CTY - CTACE	22b. DATE SIGNED 22 FEB 67
22c. PHYSICIAN'S MICHAGEYRE L. JORDAN	CAPT USAF MC			ANDREWS ON DC 20331
23a. BURIAL, CREMATION, 23b. DATE THEREO	F 23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
REMOVAL (Specify) Burial Feb. 27-6	7 Arlington Nat	ional Cemete	Arlington BY REGISTRAR 256. REGIST	Va
24. FUNERAL DIRECTOR	ADDRESS	DC 2Sa. REC'D	BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
Simmons Bros. 1661-	ood Hope Road SE.	lash. DATE FE	5 2 7 1967 20	lanles Judge

1967

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. VR A15 (4) 20 M 1/66

TO THE PARTY OF THE REAL PROPERTY OF THE ENGINEERING THE PROPERTY OF STATE OF THE PARTY OF THE PA THE THE REPORT OF THE PARTY OF ALVERT OF A SECURITY OF A SECURITY AND A SECURITY AND A SECURITY ASSESSMENT A X ISBERT OF THE OTHER PROPERTY OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Montgomery Page TO Maryland Prince George's

b. CITY OR TOWN (If outside corporate limits,
write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond 36 days Silver Spring Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d STREET ADDRESS the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 4 should be forworded to the Chief Medical Examiner's Office along with form 74 3618 Gleneagles Drive Prince George's Hospital NO too 24 hours after death. NAME OF Middle 4. DATE DECEASED Farrington (Type or print) Thomas DEATH February S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED last pirthdoy) Months white 12-6-88 male WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT U.S.Gov't during most of working life, even if retired) Minnesota Retired, Engineer be executed within 72 hours Charlotte Raynesford Frederick Farrington 17 INFORMANI 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) within W.W.I Marion B. Farrington, Same as #2 Yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-tronsit event \ PART I. DEATH WAS CAUSED BY ONSEL AND DEATH Hepatic and renal failure IMMEDIATE CAUSE (o) certificate should DUE TO ony Conditions, if ony, which gove Generalized arteriosclerosis vears rise to immediate couse (a). = DUE TO stoting the underlying couse 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) removol, Fracture of neck of left femur 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 3 shauld PRIMARY Or CONTRIBUTING cremation, or CAUSE OF DEATH Fell at home. (County) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) While Not While ot work ot work p.m. Jan. 1319 67 Same as # 2 Home 21. I certify that I tank charge of the remains described above, held an Autopsy Inquiry x, Inspection x and in my opinian may be retained for FUNERAL DIRECTOR: death resulted from: Natural Quises Suicide Undetermined manner funeral director. Accident to Hamicide CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED 5 may be retr TO FUNERAL DI Health prior t ASSISTANT MEDICAL EXAMINER SIGNATURE 2-19-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Kehbe, AddRitverdalen orMdtv NAME (Type) 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Buria 2/23/67 Evergreen Cemetery ry Owego New York 24. FUNERAL DIRECTO Joseph Gawler's Sons, Washington, D.C. VR A15ME (5) 6M 1/67

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delay is ond 3 to ond 3 to Page M3. Page Triment of the contraction of		PLACE OF DEATH a. COUNTY Prince G	eorge†s		MARYLAND	2. USUAL RESIDENCE 0. STATE New Jer	(Where deceased lived, if institution b. CC	tutian: Residence DUNTY	before admission)
ny delay is 2, ond 3 to PM3. Page		b. CITY OR TOWN (If	autside carparate limit give nearest tawn)	s,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (11	outside carparate limits, write l	RURAL and give r	nearest tawn)
P P P Orth		Cheverly			DOA	Long Br	anch		67-3
			L OR INSTITUTION (H no			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
h. I.			eorge's Ge				ey Street		YES NO X
hours after deoth. If any delay lem 18. Give Poges 1, 2, and 3 Office along with form PM3. Pa lond 2 with The State Department or death.	0	NAME OF DECEASED (Type or print)	. Fi Wal:	te r	Middle Marvese	Farrow	OF	onth 2	Daγ Year 9 19 67
alon alon	S.	male	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Manths [YEAR IF UNDER 24 HRS. Days Hours Min.
our em ffice and 2 dead	100	LISUAL OCCUPATION	Negro (Give kind of work done	10b. K	IND OF BUSINESS OR		e or fareign country)	12 (1717	ZEN OF WHAT
24 h in Ita r's 0 es 1c	dur	ing most of working li Horse	fe, even if retired) Groom	11	dustry Racing	Eatom,	N. J.	COUN	NTRY?
in cil i		FATHER'S NAME				14. MOTHER'S MAIDEN			
d within 24 in pencil in Exominer's File pages 77			Theodore	Farrow		Sara	h James		
This certificate should be executed within 24 hours after death. If cate, writing the word "pending" in pencil in Item 18. Give Pages 1, be forwarded to the Chief Medical Examiner's Office along with form 1 be used as a burial-transit permit. File pages land 2 with The State Deference, and in any event within 72 hours ofter death.		18. CAUSE OF DE. PART I. DEATI 4200 Canditions, if any, rise to immediate stating the under	ying cause DUE	(a) He TO (b) Ar TO	(o), (b), ond (c).) art failure teriosclerot	ic heart di		goranch	INTERVAL BETWEEN ONSET AND DEATH
This certificate, writh the forwor be used emovol, o	ATION	PART II. OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE (ONDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES X NO
4 _ 0 _	MEDICAL CERTIFICATION	20a. EXTERNAL CAU PRIMARY ☐ or CON CAUSE OF DEATH.		20b. DE	SCRIBE HOW INJURY OCCURRE). (Enter nature of injury i	Part I ar Part II of item 18.)		
(AMINER te the cer te 4 shaul raur files. age 3 sho emotion,	MEDICA	20c. TIME OF INJUI Havr a.m p.m	10	20d. II While ot war		LACE OF INJURY (Hame, 1a actory, street, office bldg., et	rm, 20f. (City ar tawn)	(Caun	ity) (State)
L EXA ecute Page or yau		21. 1 certify	that I taok charge	e of the rer	nains described abave,	neld on Autopsy 🗶	, Inspection $\overline{\mathbf{X}}$, In	quiry X,	and in my opinion
MEDIC pleose director director DIREC		death resulte ACTUAL SIGNATURE	ed from: Nature	causes 2	Accident , Su	CHIEF MEDICA M.D. ASSISTANT MI	e, Undetermined LEXAMINER COLAL EXAMINER CAL EXAMINER CAL EXAMINER CAL EXAMINER	manner	22. DATE SIGNED 2–10–67
SSON WER	1	EXAMINER'S NAME (Type)	hy Kehoe M	D P.	iverdale Mam		et, city, town, or county)		2 20 0
TO DEPUTY necessory, the funeral 5 may be TO FUNERAL Health price		BURIAL, CREMATION	23b. DATE TH 2/14/6	EREOF	iverdale, Mary 23c. NAME OF CEMETERY OF White Ridge	R CREMATORY	23d. LOCATION (City or		Caunty) (State)
VR A15ME (5)		. FUNERAL DIRECTOR			ADDRESS	2So. RE	D BY REGISTRAR 25b.	REGISTRAR'S SIG	NATURE
6M 1/67		Charles R	l. Law- 802	Madis	on, Ave.	DATE	EB 17 1967	1 mar	as Jung

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02553 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT: PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) b. COUNTY. Prince George's Prince George's Maryland Poge delay is ond 3 to MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL ond give nearest town) CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) P.M3. North Forrestville DOA Cheverly d STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 4 should be forworded to the Chief Medical Examiner's Office along with farm 8106 Martha Street NO X Prince George's Hospital Item 18. Give Poges 24 hours after death. in Item 18. Give Poge Middle 4. DATE Year NAME OF DECEASED February26 Ferrel Harry DEATH (Type or print) Lyman IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months white deoth. 9-10-21 male WIDOWED DIVORCED 12. CITIZEN OF WHAT 11. BIRTHPLACE (State ar foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY ofter Plummer Inspector D.C. Washington, D. be executed within Anna B. Crothers Frank W. Ferrel Address 8106 Martha 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service Margaret Ferrel, St. N. Forestville No IM SVAL BETWEEN ONSET AND DEATH Minutes 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY event Heart failure IMMEDIATE CAUSE (o). this certificate should DUE TO any Conditions, if ony, which gove Arteriosclerotic heart disease rise to immediate couse (o), DUE TO stoting the underlying couse WAS AUTOPS!
PERFORMED? be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) removal, NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 3 shauld 0 PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Hour a.m. foctory, street, office bldg., etc.) 5 moy be retained far your O FUNERAL DIRECTOR: Poge Inspection XX Inquiry * 21. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian prior to buriol, Undetermined manner death resulted fram: A Natural causes XX. Suicide Hamicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 2-26-67 DEPUTY MEDICAL EXAMINER **FXAMINER'S** ARiverdalleyn, Mdunty) John Kehoe, M.D. Health NAME (Type) 23d. LOCATION (City ar Tawn) 23o. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) March 1,1967 Ft. Lincoln Cemetery Bladeneburg Maryland Melineles VR A15ME (5) 1967 CHAMBERS CO. 517 11th St. S.E. Wash, D. WAR 6M 1/67

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Eurtal March 1,1967 Fm. Lincoln Cometein Blades burg, Maryland W. W. CHAMBERS CO. 517 liber St. S.E. Wesh, n. M. C.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02554 CERTIFICATE OF DEATH death. by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Prince Georges haurs after MARYLAND Prince Georges Maryland requires that the death certificate be executed within 24 haurs after c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 10 days Cheverly Hvattsville n and campletely filled in bremave carban papers. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS 4206 74th Ave. Prince Georges General Hospital YES NO TO NAME OF First Middle Last 4. DATE Manth Year Day DECEASED OF Cleone (Type or print) DEATH Feudale Feb IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years last birthday) Manths Days Haurs Female White WIDOWED DIVORCED March 10,1913 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY the ottending physician sit permit. Then please Michigan own home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Fred Miller Unknown remov 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service) 579 09 5659 George S Feudale Hyattsville, Md. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO burial, Canditians, if any, which gave rise ta immediate cause (a) DUE TO use as the lath priar tak stating the underlying cause has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO O FUNERAL DIRECTOR: After this certificate Por 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour am factory, street, affice bldg., etc.) at wark 21. I certify that (I) (this haspital) attended the deceased fram. should 19 67, and that death accurred at 1.56 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a SIGNATURE MEDPM STAFF PHYS. ATTENDING director, page 3 shauld be filed v DIRECTOR 22d, ADDRESS 22c. PHYSICIAN'S 4410 74th Ave. Bellemead, Maryland NAME (Type) Frederick 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) Colmar Manor Pro Geo REMOVAL (Specify) Md. Ft Lincoln Cemetery Feb 4, 1967 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR FEB VR A15 (4) 20 M 1/66 F. Gasch's Sons Hyattsville, Md. DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Reside b. COUNTY Prince George a. COUNTY o. STATE Maryland Prince George delay is ond 3 to A3. Page deoth. MARYLAND b. CITY OR TOWN (If autside carparate limits, Cheverly c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) 2, ond P.M3. P after 1 Cheverly D. O. A. d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Office along with form Prince George General Hospital 5404 MacBeth Street Stote [in Item 18. Give Pages NO X 24 hours ofter death. 3. NAME OF First Middle 4 DATE Month Day Year DECEASED VICTOR W. FITZWATER Feb. 8. 67 (Type or print) within DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 6 of birthdoy) Hours Male White Aug. 15, 1897 DIVORCED WIDOWED event 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT dwing most of working life, even if retired) Construction TOUNTRY?A. West Virginia Chief Medicol Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Samuel Fitzwater & Catherine Halterman 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no or unknown) (If yes give wor or dotes of service) 215 07 5050 removol Ina M. Fitzwater Same as #2 (wife) INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (o) This certificate should burial, cremation, DUE TO Conditions, if ony, which gove forwarded to rise to immediate couse (o). DUE TO stoting the underlying couse SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? please execute the certificate, NO 0 pe 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) its designoted ogent, priar PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Not While moy be retained for your FUNERAL DIRECTOR: Page at work 21. I certify that I took charge of the remains described above, held an Autopsy I Inspection Inquiry and in my opinian Natural causes Accident the funerol director. death resulted from: Suicide Undetermined manner Hamicide | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 2/8/67 Heolth or DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Kehoe. M. D. NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23o. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 50 B. REMOVAL (Specify) Colmar Manor Pro Geo Md. Web 11, 1967 Ft Lincoln Cemetery 19676. REGISTERS SIGNATURE CINCAR ADDRESS 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR

F. Gasch's Sons Hyattsville, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) COUNTY b. COUNTY MARYLAND Prince Pr.Geo. Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) davs Landover Cheverly d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 2919 - Country Club Rd. Prince Geo. Gen. Hosp. YES NO F NAME OF Middle 4. DATE Day Yeor DECEASED Joseph Emerv Fones 19 67 Feb. DEATH (Type or print) 9. AGE (In years past birthday) 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 10/25/1907 Hours Male White WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. D.C.Govt. Wash. D.C. Ret.Plumber 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vivian Sanders William E. Fones IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (above address) 577-62-1539 Mrs. Dora G. Fones Yes 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ARTERIOSCIEROTIC HT VISEASE Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) Day, Year (County) (Stole) foctory, street, office bldg., etc.) Hour Q. m. Not while at work at work ..., 1960, to___ 1- 196 , that I last saw the deceased 21. I cortify that I attended the deceased from ... and that death accurred at 4 W/tM, from the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Arlington Nat . Cem. Arlington. Va. 23. FUNERAL DIRECTOR'S SIGNATUREN alley's ADDRESSMt. Rainier, 24b. REGISTRAR'S SIGNATURE 24n. REC'D BY REGISTRAR udar VS A15 (4) Funeral Home Maryland DATE

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Item 18 Film 386 3-13-67 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02557 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAN PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY delay is and 3 to M3. Page ÷0 Prince George's MARYLAND Maryland Prince George's 2 with the Stote Deportment b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 1b and DOA Camp Springs Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? e, writing the word "pending" in pencil in Item 18. Give Pages 1, forwarded to the Chief Medical Examiner's Office olang with form NO S Prince George General Hospital 5005 Valley Drive YES This certificate shauld be executed within 24 hours ofter death. 3. NAME OF Middle 4. DATE Manth Year DECEASED (Type or print) Foy DEATH William Joseph 7. MARRIED IF UNDER 24 HRS NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE last birthday) Months Days Haurs DIVORCED | WIDOWED 2-13-1933 Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT U.S.A. during most af warking life, even if retired) INDUSTRY Washington, D. C. Welder

13. FATHER'S NAME Steamfitter 14. MOTHER'S MAIDEN NAME within 72 hours Alice Bowman 16. SOCIAL SECURITY NO. 17 INFORMANT Address Same as #2 (Yes, no, or unknown) (If yes give war ar dates of service) 214-28-2584 Mrs. Elizabeth J. Fov above Korea INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH event Combined intoxication IMMEDIATE CAUSE (a) DUE TO in ony Conditions, if any, which gave Alcohol and carbon monoxide hrs. rise ta immediate cause (a), DUE TO stating the underlying cause puo 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) removal, please execute the certificate, NO X 4 should be 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II af item IB.) 3 should b PRIMARY or CONTRIBUTING CAUSE OF DEATH. cremotion, or Ran hose from exhaust to inside of car 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (State) 20c TIME OF INJURY Manth, Day, Year a Dout our o.m. (County) factory, street, office bldg., etc.) While at wark hile at wark of home FUNERAL DIRECTOR: Page 11:00mp.m. 2-12- 1967 same as #2 21. I certify that I took charge of the remains described above, held an Autopsy Inspection x, Inquiry x, and in my apinian death resulted from: Notural couses . Accident . Suicide . Hamicide Undetermined manner funerol director. be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) John Kehoe, M.D. 2-13-67 Riverdale, Md. 5 moy to FUNER Health Address (Street, city, tawn, ar caunty) the 23c. NAME OF CEMETERY OR CHEMATOR 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) Arlington National Arlington, Virginia. 2/16/1967 Carroll St., N. W. FED BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/67 Williamley Judge Washington, D.C.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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Page 4 may be retained To FUNERAL DIRECTOR director, page 3 should be filed with the	1		22c. PHYSICIAN'S NAME (Type)	HARRY	N.C.	ARLTON, 1	no 881		lesville	o Rd,	Sitver	Spr	ingth
Page 4 moy roll by the following posterior,	0		BURIAL, CREMATIC REMOVAL (Specify BURIAL	Feb 16.		Ft Lincoln			Colma	ion (City or Ta	r Pro		(State) Md.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02559 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE Prince George's MARYLAND Marvland Prince George's and 2 with the Stote Deportment CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) and DOA Cheverly Clinton d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Office olong with form NO Se Give Pages Prince George General Hospital 7814 Horse Shoe Drive YES hours ofter death 4 DATE NAME OF Middle l'ast Month Year DECEASED (Type or print) Elizabeth Fulmer DEATH Annie 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED 24 hours off in Item 18. (last birthday) Months Days Hours ofter deoth WIDOWED ... DIVORCED 28 May 1888 78 White Female 11. BIRTHPLACE (State or fareign country) 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR during mast af warking life, even if retired) COUNTRY? INDUSTRY Penna Beautician please execute the certificate, writing the word "pending" in pencil in director. Pone 4 shauld be forwarded to the Chief Medical Examiner's MXXXXX Retired 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Unknown Horace Ehlev 17. INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give wor or dates of service) George G. Hertzog Same as event withir No 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Heart failure This certificate should DUE TO Arteriosclerotic heart disease unknown in ony Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause be used 19. WAS AUTOPS' cremotion, or removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH (City or town) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Not While at wark 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection x Inquiry , and in my apinion Pol DIRECTOR: Natural causes K deoth resulted from: Accident Suicide Homicide Undetermined manner funeral director moy be retained FUNERAL DIRECT CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) John Kehoe, M.D. Riverdale, Md. 5 moy FUNE Heolth Address (Street, city, tawn, ar county) 230. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) Cremata Feb. 6-67 Orematory Suitland, Maryland Cedar Hill 2So. REC'D BY REGISTRAR Charlen VR A15ME 1661- Good Hope Road SE. Wash. DCDATE 6M 1/67 Simmons Bros.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02561 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTYPrince George's Prince George's by the attending physician ond completely (illed in by the fur tronsit permit. Then please remove carbon papers. Pages 1 MARYLAND ow requires that the deoth certificate be executed within 24 hours after b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Hvattsville. 21 days Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2510 Marlboro Avenue YES NO [Prince George's General Hospital 3. NAME OF Middle 4. DATE Manth Day Year DECEASED Graham OF 19 67 11 Ear! February (Type or print) DEATH S. SEX 9. AGE (In years IF UNDER YEAR IF UNDER 24 HRS. 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7. MARRIED last_birthday) Months Davs Hours White 11/27/05 WIDOWED DIVORCED Male 10g, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)

ales Representative INDUSTRY Detru 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Platt 9. Graham Edna Pergua 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. yes give wor or dates of service) 2510 Marlboro Avenue (Yes, na, ar unknown) (If 222-01-9772 Mrs. Rosemary Graham 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH EROTON ITIS IMMEDIATE CAUSE (a) DUE TO PERFORATION OF BOWEL Conditions, if ony, which gove rise to immediate cause (a), ANASTAMOSIS stating the underlying cause Poge 4 may be retained by the hospital or attending the hos been SIGMOID last SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO O FUNERAL DIRECTOR: After this certificate far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER Stote Dept. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Haur a.m. Nat While foctory, street, affice bldg., etc.) at wark at wark 2). I certify that (1) (this hospital) attended the deceased from T 2 27 2), 1966, to F 8 11, 1967 that (1) (we) last should saw the deceased alive on FEA 10 1967, and that death occurred at 10:50M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING director, poge 3 should be filed v DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S B. CAMERON 0 NAME (Type) 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BREMOVAL (Specify) 9eb Arlinaton Nat'l Cemetery Arlington 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) ohn MCharles varner.

THE RESERVE THE RESERVE THE PARTY OF THE RESERVE OF MILITARY IN STREET THE PARTY OF THE P The Land Company of September 1995 the Committee Control of the Control 1225-91-972 To A Person College College College TO A THE LOCATION OF A SECURITY OF A LEGIST THE CONTRACTOR STORY, STORY TO SIGNATURE TO STUME 如此时上 100 mm 100 LIP THE LIPED TO PERSON WITH THE PARTY OF THE PARTY OF THE PARTY.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02562 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Prince George's Prince George's MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier Mt. Rainier 2 vears e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Office alang with farm YES page band 2 with the State 3155 Queens Chapel Road. 3155 Queens Chapel Road, Apt. 102 This certificate should be executed within 24 hours after death. 3. NAME OF 4. DATE OF Middle DECEASED (Type or print) Greenwell DEATH Margaret Marv 9. AGE (In years IF UNDER 1 6. COLOR OR RACE S. SEX NEVER MARRIED 8 DATE OF BIRTH 7. MARRIED lost birthdoy) Months Hours in Item 18. after death WIDOWED DIVORCED Feb. 1905 White Female 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired)
Housewife COUNTRY? INDUSTRY word "pending" in pencil in the Chief Medical Examiner's. Wash D.C.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James F. Baldwin Maria Long 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. A719ngeoRuchanan St (Yes, no, or unknown) (If yes give wor or dotes of service James E. Greenwell within 578-05-3374 No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH event PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Heart failure writing the word over 2 mo. Arteriosclerotic heart disease any Conditions, if ony, which gove to rise to immediate cause (a). = DUE TO stating the underlying couse shauld be farwarded 0 lost. be used WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) remaval, PERFORMED? NO X the certificate, 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20o. EXTERNAL CAUSE WAS 3 shauld PRIMARY Or CONTRIBUTING crematian, ar EXAMINER: CAUSE OF DEATH. MEDICAL 204 INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Page ot work ot work execute 21. I certify that I took charge of the remains described above, held an Autopsy Inspection x. Inquiry x and in my apinion Accident | Natural/causes death resulted fram: Suicide Undetermined manner Hamicide funeral directar. retained please CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER priar SIGNATURE pe DEPUTY MEDICAL EXAMINER 2-16-67 Health p Riverdale, Md. may NAME (Type) John Kehoe. M.D. Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23h DATE THEREOF 23d. LOCATION (City or Town) 230. BURIAL CREMATION, 0 Burial Proppect Hill Cem. 2/18/67 Wash . D.C. 2Sb. REGISTRAR'S_SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Nalley's Home Inc. VR A 15ME (5) Mar WianBainier, 6M 1/67 Funeral

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02563 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02556PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Prince George's a. COUNTY Prince George's o. STATE Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b DOA Clinton Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? RFD Box 510A Parkers Lane Prince George's General Hospital NO X YES NAME OF Last 4. DATE Manth Year First OF DECEASED 19 67 Grimsley DEATH (Type or print) Levv IF UNDER I YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED 7. MARRIED last birthday) Manths Days Hours WIDOWED DIVORCED 2-13-95 white male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during mast of working life, even if retired)
Retired COUNTRY? INDUSTRY Virginia USA Carpenter 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Liddia Beavers William Grimsley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 7717- Penley (Yes, no, or unknown) (If yes give war ar dates af service Mr. Walter F. Grimsley (Son) Lane, Camp 218-18-0617 No Springs, Md INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Heart Failure IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave Arteriosclerotic Heart Disease unknown rise to immediate cause (a), DUE TO stating the underlying cause 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, affice blda., etc.) ot work ot work Inspection X. Inquiry X 21. I certify that I took charge of the remains described above, held on Autopsy and in my opinion deoth resulted from Notural Causes X. Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER

MEDICAL

FOR STATE

HEALTH DEPT

Office alang with form

Item 18. Give Pages

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shauld be farwarded to the Chief Medical Examiner's

be executed within 24 hours after death.

This certificate should writing the ward

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FUNERAL DIRECTOR:

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delay

ACTUAL SIGNATURE

EXAMINER'S NAME (Type) John/Kehoe M.D., Riverdale, Maryland 23b. DATE THEREOF REMOVAL (Specify)
Burial

Feb. 20-67

23c. NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery

25a. REC'D BY REGISTRAR

Address (Street, city, tawn, ar caunty)

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

23d. LOCATION (City or Town) Bladensburg Maryland 25b. REGISTRAR'S SIGNATURE

22. DATE SIGNED

2-18-67

Brothers 1661-Gd. Hope Road SE. Wash. DATEB

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02564 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY in by the fun ers. Pages 1 District of Columbia Prince George's
b. CITY OR TOWN (If autside carparate limits, MARYLAND 24 haurs after c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give negrest tawn) arban papers. Pag nt-within 72 haurs Washington, D.C. 14 days Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled 1217 - 51st Ave. N.E. YES NO F Prince George's General Hospital requires that the death certificate be executed within 3. NAME OF Middle 4 DATE Month physician and campletely Lost Doy Year DECEASED FEb. (Type or print) 28. 19 67 James DEATH Groomes IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED last birthday) Manths Days Hours and in any WIDOWED DIVORCED 1893 74 Male Colored 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) COUNTRY? INDUSTRY CAROLINA UNKNOWN UNKNONA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HNKNOWA UNKNOWN the attending p Address 1217-5157 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service 10 crematian, NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a) burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) physician. DUE TO signed l Canditions, if ony, which gave rise ta immediate cause (a) DUE TO stoting the underlying couse be retained by the haspital ar attending as the has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? CERTIFICATION far Use Health NO YES T O FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Manth, Day, Year 20f. (County) (Stote) Hour a.m foctory, street, office bldg., etc.) Not While ot wark ot work 21. I certify that (I) (this haspital) attended the deceased fram Feb. 14. 19 67 tg FEb. 28, 19 67, that (1) (we) last saw the deceased alive an Feb. 28 1967, and that death accurred at 3 115 Mx from causes and an the date stated above. 22b. DATE SIGNED 22a, SIGNATURE MED. PM ATTENDING STAFF M.D. PHYS. DIRECTOR PHYS. TO HOSPITAL Page 4 may b 22c. PHYSICIAN'S 22d. ADDRESS directar, po should be f NAME (Type) Norman K. Bohrer Prince George's General Hospital NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION (State) REMOVAL (Specify) ran 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR MAR

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02566
CERTIFICATE OF DEATH
02559

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1.	PLACE DF DEATH a. COUNTY Pr. George's	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY Pr. George f
-	b. CITY DR TDWN (if outside corporate limits. C. LENGTH OF STAY IN 1b	Maryland Pr. George f
	write RURAL and give nearest town)	
-	Riverdale 3 hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Hyattsville /6-/ d. STREET ADDRESS 6. IS RESIDENCE
		ON A FARM?
_	Leland Memorial Hospital	4217 Jefferson St. YES□ND▼
3.	NAME DF First Middle DECEASEO	Last 4. OATE Month Day Year
	(Type or print) Rame z Selim	HADDAD DEATH Feb. 23 1967
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO	B. OATE OF BIRTH 9. ACE (In years FUNDER 1 YEAR IF UNDER 24 HRS. Ist birthday) Months Days Hours Min.
	Male W WIDDWED DIVORCEO	4 July, 1900 66 yrs. Months Days Hours Min.
1Da	B. USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR	
	Ing most of working life, even if retired) holesale Grocer Own business	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA
	FATHER'S NAME	14. MOTHER'S MAIOEN NAME
	Selim Haddad	Zaheeda Nasseem
15		INFDRMANT Address
	es. no. or unkown) ((If yes give war or dates of service)	
		and the state of t
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Congestive Heart Failure S hours
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Congestive Heart Failure 3 hours
	4500 DUE TO	O - A-1
	Cenditions, If any, which (b)	Gen. Arterioscherosis Unknown
	gave rise to immediate (cause (a), stating the OUE TO	
	underlying cause last. (c)	
NOI	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
CAT	Obesity (estim	
E	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
CER	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL CERTIFICATION	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
90	Hour a.m. While Not While facto	ry, street, office bldg., etc.)
Σ	p.m. 19 at work at work	97 Nob CM 07 Nob - CM
		23 Feb., 1967, to 23 Feb., 1967, that (I) (we) last
		t death occurred at 8 PM, from the causes and on the date stated above.
	22a. SICNATURE Dr. Renoe notif	
	C. Tollmoun M.C	. 1110.
	PHYSICIAN'S NAME (Type) C. J. Houmann	Riverdale, Md. 20840
_		
238	DESIGNAL (Consisted	
	Burial 2/27/67 Ft. Linco]	Cometery Prince Georges Co. Md.
24	FUNERAL DIRECTOR / ZAODRESE / 4	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	MIIIX A. Muse (A love & A)	DATE WALL IN U. TO

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1		U4361 M	EDICAL EXAMINER'S	CERTIFICATE OF DEATH	02561
	0	ACE OF DEATH COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution on STATE b. COUNTY Virginia	
T	b	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURA	AL and give nearest town)
		Riverdale	l week	Blackstone	88-3
ľ	d	NAME OF HOSPITAL OR INSTITUTION (If not in haspi	tol, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
2	6	315 61st. Place		303 Courthouse Road	YES NO 🖈
	D	AME OF First ECEASED ype or print) Josephine	Middle	Last 4. DATE Month OF DEATH 2	Doy Year 3 19 67
ĺ	S. SI	X 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthday) 64 yrs.	Months Doys Hours Min.
	10o.	JSUAL OCCUPATION (Give kind of work done 10	b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (Stote or foreign country) Anne Arundel Co., Md.	12. CITIZEN OF WHAT COUNTRY?
Ī	13.	ATHER'S NAME		14. MOTHER'S MAIDEN NAME	
I		Joseph Edward Mar	shall	Mary Priscilla Dove	
	15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? no, or unknown) (If yes give wor or dotes of service)		informant 5429 Mgs. Mazie Cummings, Wash.	arlboro Pike
F		IB. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) He	e for (o), (b), ond (c).)		INTERVAL BETWEEN ONSET AND DEATH minutes
I		4200 DUE TO Ar	teriosclerotic h	neart disease	over 15 yrs.
1		Conditions, if ony, which gove (b)			
1		stoting the underlying couse DUE 10			
1		ast.) (c)	TO DEATH BUY HOT DELATED TO	THE TERMINAL DISEASE COUNTY ON CHURCH IN DADY 1/)	19. WAS AUTOPSY
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	PERFORMED? YES NO
	L CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	o. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item IB.)	
	MEDICAL	Hour o.m.		ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	(County) (State)
1		21. I certify that I took charge of the			iry 🛣 , and in my opinian
		death resulted from: Natyrol cause:	🗶, Acadent 🗌, Sui	cide, Homicide, Undetermined ma	inner
ı		ACTUAL 1	· Vand	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
		SIGNATURE THE	erry.	M.D. ASSISTANT MEDICAL EXAMINER	ZZ. DATE MONED
2		EXAMINER'S John Kehoe, M.D.	Riverdale, Md.	DEPUTY MEDICAL EXAMINER X Address (Street, city, town, or county)	2-3-67
ſ	230.	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town	(County) (Stote)
1	1	REMOVAL (Specify) Burial Feb. 6, 1967 FEMERAL DIRECTOR	\$t. James Chi	r. Cemetery Lothian A. 250. RECD BY REGISTRAR 25b. REC	A. Co. Md.
-	24	1 - 11			
1	117	1116 Mens Tuneral 1801	COwings, Mary	land DATE FEB 8 1987	Charles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02568 CERTIFICATE OF DEATH death. requires that the death certificate beecuted within 24 hours after death and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) the funeral PLACE OF DEATH o. COUNTY, ve corban papers. Pages 1 event, within 72 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) .⊑ d. NAME OF HOSPIJAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A EARM? filled i NAME OF DATE remove corban First Middle Last Day Year campletely DECEASED 1965 (Type or print) DEATH SEX DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** AGE (In years birthdoy) Months Dovs Hours and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT iciah during most of working life, even if retired) **INDUSTRY** COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM physi burial, crematian, ar removal, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. 331X DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO priar ta stoting the underlying couse as the has been WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? use CERTIFICATION State Dept. of Health NO YES I certificate b 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) at work at work 21. I certify that (1) (this hospital) attended the deceased fram. 1967 that (1) (we) last 1967, and that death accurred at 11.35 M, fram causes and an the date stated above. saw the deceased alive an. 22o. SIGNATURE/ 22b. DATE SIGNED ATTENDING STAFF PHYS. director, page 3 shauld be filed v M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL CREMATION NAME OF CEMETERY OR CREMATORY (Stote) (County) REMOVAL (Specify) BRISTOL 01 UARY 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR **ADDRESS**

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death campletely filled in by the funeral lave carbon papers. Pages 1 and y event, within 72 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY Prince George's Prince George's MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 7 days College Park d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 9510- 50th Ave YES NO g physical and campletery i 3. NAME OF First Middle 4. DATE Last Month Day Year DECEASED Frank M. Harrison (Type or print) DEATH Feb 1967 S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Haurs White Male WIDOWED FX DIVORCED 4/15/95 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Virginia Painter Houses 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harrison Ella Otis Frank IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 579 03 1574 College Park, Md. Frank Harrison 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been PART, II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING, TO DEATH, BUT NOT RELATED TO THE TERMINAL, DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? far use Health YES NO 20b. DESCRIBE HOW INJURY OCCURRED/(Enter nature of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) (County) factory, street, affice bldg., etc.) Nat While at wark at wark 21. I certify that (this haspital) attended the deceased fram 700. 2 , 1967, to Feb. 9 ______, 19 6 7, that 哲 (we) last 1967, and that death accurred at 9:45 A.M. fram causes and an the date stated above. saw the deceased alive on Feb 22a. SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 shauld be filed v M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) M. Diaz- Giorle, M.D. Prince George's General Hospita 23c. NAME OF CEMETERY OF CHEMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Suitland Pro Geo Washington National Feb 11, 1967

ADDRESS

Hyattsville, Md.

25a. REC'D BY REGISTRAR

DATE FEB

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 1 20 M 1/66 24. FUNERAL DIRECTOR

F, Gasch's Sons

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02570 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DEPT HEALTH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. STATE o. COUNTY b. COUNTY delay is PM3. Poge I and 2 with the State Department of Prince George's Maryland Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 1b and write RURAL and give nearest town) Cheverly DOA Mouht Rainier d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ong with form ON A FARM? Prince George's General Hospital 4115 Rainier Avenue NO Y 3. NAME OF 4 DATE Dov Year DECEASED 1967 (Type or print) Henry Haut DEATH Fred IF UNDER 1 YEAR S SEX 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthday) Months Hours DIVORCED X WIDOWED after deoth male white during most of working life, even if retired) 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? INER: This certificate should be executed within 24 e certificate, writing the word "pending" in pencil in I should be forwarded to the Chief Medical Examiner's PENNA, ARK REFRIG SCRANTON 13 FATHER'S NAME event within 72 hours BELLE 17. INFORMANT OUNG IS. WAS DECEASED EVER IN ILS ARMED FORCES? 16 SOCIAL SECURITY NO SAME AS #2 7-44-4839 MRS BELLE Y. HAUT. (Yes, no, or unknown) ((If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. ONSET AND DEATH Acute pulmonary edema IMMEDIATE CAUSE (o) _ DUF TO in ony Conditions, if ony, which gove Heart Failure rise to immediate couse (a). DHE TO stoting the underlying couse ond Generalized myocardial hypertrophy 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) removal, the certificate, YES X NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING 0 CAUSE OF DEATH cremation, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Poge ot work 21. I certify that I took charge of the remains described above, held an Autapsy X, Inspection X Inquiry X. and in my opinian death resulted from: Natural causes X . Accident Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 2-10-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth Address (Street, city, town, or county) NAME (Type) John Kehoe M.D., Riverdale, Maryland 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF (County) 0 ADENS BURG, MARYLAND

ISTRAR

256 REGISTRAD SIGNATURE

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CHAMBERS, GO, PIVERDALE, MD

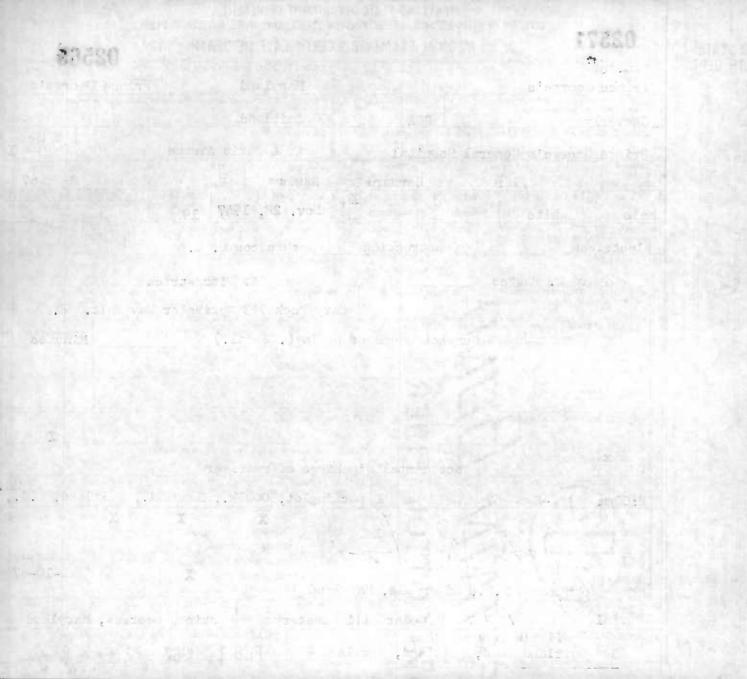
2So. REC'D BY REGISTRAR

VR A15ME (5) 6M 1/67

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LANCE FROM THE STREET

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02571 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: a. COUNTY
Prince George's o. STATE Maryland 2, and 3 to PM3. Poge b. COUNTY Prince George's pages 1 and 2 with the State Deportment of MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 Suitland Cheverly DOA e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS This certificate should be executed within 24 haurs ofter death. If a icate, writing the word "pending" in pencil in Item 18. Give Pages 1, be farwarded to the Chief Medical Exerciner's Office along with farm 4636 Davis Avenue YES NO X Prince George's General Hospital NAME OF Last 4. DATE Manth Day Year DECEASED OF DEATH Hawkes 1067 Alan Bernard (Type ar print) 9. AGE (In years IF LINDER 24 HRS 8. DATE OF BIRTH IF LINDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 19 birthday) Months Nov. 28, 1947 ofter deoth. white DIVORCED male WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) COUNTRY? **INDUSTRY** Washington D. C. Electrican Construction USA 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME haurs Edward P. Hawkes Mary A. Fitzpatrick IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) (If yes give war ar dates af service 17 INFORMANT 16 SOCIAL SECURITY NO. the certificate, writing the word "pending" 4 should be farwarded to the Chief Medical burial-transit permit. event within Mary Pack #43 Springler Way Balt. Md. 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: MI DULES CAUSED BY: GAUSE (a) Gunshot wound of brain (.22 cal.) DUE TO any Canditions, if any, which gave rise ta immediate cause (a). = DUE TO stating the underlying cause WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) removol, PERFORMED? YES X NO 20a. EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should cremation, or MEDICAL EXAMINER: CAUSE OF DEATH. accidental discharge of revolver 20d. INJURY OCCURRED 2 20e. PLACE OF INJURY (Hame, farm, 20f. (City gr tawn) (Caunty) 20c. TIME OF INJURY Manth, Day, Year while Not While IN parking ot, 3000 lk., Swan Rd., Suitland, P.G., Haur a.m. moy be retoined for your FUNERAL DIRECTOR: Page 1967 8:00pm p.m. 21. I certify that I took charge of the remains described above, held on Autopsy X, Inspection X, Inquiry X, and in my opinion Notwol causes Suicide . Homicide Undetermined manner the funeral director. death resulted from Acciden X CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 2-10-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy ro FUNE NAME (Type) John Kehoe M.D., Riverdale, Maryland Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Caunty) BEMOYAL (Specify) Cedar Hill Cemetery Prince Georges, Maryland 2/13/67 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Wilhelm Funeral HomeDDRESS 2Sa. REC'D BY REGISTRAR VR A15ME (5) 6M 1/67 4308 Suitland Road, Suitland, Maryland



FOR STATE HEALTH

and 3 to P.M.3. Page and 2 with the State Department of any delay is Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm This certificate shauld be executed within 24 haurs after death. If 'pending' in pencil in Item 18. Give Pages Health priar to burial, crematian, ar remayal, and in any event within 72 haurs after death. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File necessary, please execute the certificate, writing the ward TO DEPUTY MEDICAL EXAMINER:

F. Gasch's Sons Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02572

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

nosce

04000				UAU	
I. PLACE OF DEATH		11	(Where deceosed lived, if inst		pefore odmission)
o. COUNTY Prince George's	MARYLAND	Marylar	nd b. C	OUNTY M	gonery
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		outside corporate limits, write	RURAL ond give ne	arest town)
write RURAL and give nearest town) Cheverly	DOA	Silver	Spring		15-2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol,		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Prince George General Ho	spital	4409 Ferr	hill Road		YES NO X
3. NAME OF First	Middle	Lost	4. DATE N	Nonth	Doy Year
(Type or print) Oscar	James	Hawley	DEATH	2	13 19 67
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Months Do	
Male White WIDOWED	_	3-24-1904	62 yr		bys Hours Min.
Do. USUAL OCCUPATION (Give kind of work done 1Db.	KIND OF BUSINESS OR	11. BIRTHPLACE (Stot	e or foreign country)	12. CITIZE	N OF WHAT
	NDUSTRY Lldings	North C	arolina	A CON	KT?
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
William M Hawl	ley	Mary E	Salmon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	A	ddress	
(Yes, no, or unknown) (If yes give wor or dotes of service)	Joe	Hawley	Cameron Nort	th Caroli	na
1B. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hea			-		ONSET AND DEATH
	eriosclerotic h	neart diesa	90		ver 5 yrs.
Conditions, if ony, which gove) (b)	el Topotelocto	ical o dibca			,01 / 310.
rise to immediate couse (o), stating the underlying couse DUE TO					
lost. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(o))	19. WAS AUTOPSY
NO I					PERFORMED?
ZDo. EXTERNAL CAUSE WAS 20b. 1	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port I or Port II of item IR)	
20b. EXTERNAL CAUSE WAS 20b. I	The state of the s	,		,	
	INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, for	m. 2Df. (City or town) (County	(Stote)
Hour o.m. Whi	le Not While for	tory, street, office bldg., et		, ((
p.m. of wo	ork U ot work U	ld A .t	lu an està no.		
21. I certify that I took charge of the re	//				and in my opinian
death resulted fram: Natural couses [X, Accident , Suid	cide , Hamicid		manner []	
ACTUAL / Lata / 10	for	CHIEF MEDICA			22. DATE SIGNED
SIGNATURE TO TO	1		DICAL EXAMINER L		
NAME (Type) John Kehoe, M.D.	Riverdale, Md.		et, city, town, or county)		2-14-67
23o. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City of	Town) (Co	unty) (Stote)
REMOVAL Special Feb 15, 1967	Hillmon Grov	re Church	Harnett C	ounty N.	Carolina
24. FUNERAL DIRECTOR	ADDRESS	2So. REC	D BY REGISTRAR 2Sb.	REGISTRAR'S SIGN	ATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02573 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) o. COUNTY 2, and 3 to PM3. Page o. STATE b. COUNTY with the State Department of b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) MARYLAND Maryland Prince George's (LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) Hillside Hillside d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? be farwarded to the Chief Medical Examiner's Office along with farm 1206 56th. Avenue 1206 56th. Avenue NO X YES 24 haurs after death. NAME OF First Last 4. DATE Manth Day Year DECEASED Robert Heffran (Type or print) Lee DEATH 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HR 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years last birthday) Manths Days Hours any event within 72 hours after death WIDOWED DIVORCED White Item 1 Male Sept. 1897 69 File pages 1 and 2 yrs. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State ar foreign cauntry) 12. CITIZEN OF WHAT during most of working life, even if retired)
Retired Fireman INDUSTRY COUNTRY? Gas Company . = Virginia USA 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within Mary K. Beach Andrew Jackson Heffron .⊆ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknawn) (If yes give war or dates of service) "pending" Agnes L. Heffron, Same As # 2 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Asphyxiation minutes writing the ward Hanging Canditions, if ony, which gave rise ta immediate cause (a), = DUF TO stoting the underlying cause 0 gud be used crematian, ar remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? the certificate, NO TO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld shauld PRIMARY ar CONTRIBUTING EXAMINER: CAUSE OF DEATH. Hanged self in bathroom of home MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Manth, Day, Year (County) (Stote) While Hour a.m. Nat While factory, street, affice bldg., etc.) far yaur While Nat While at wark at wark 1:35 pm p.m. Bathroom of home same as #2 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X. Inquiry X. FUNERAL DIRECTOR: and in my apinian Natural causes death resulted fram: Suicide X. Accident Hamicide Undetermined manner be retained please CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER priar SIGNATURE funeral DEPUTY MEDICAL EXAMINER X

Riverdale, Md.

March 4, 1967 Cedar Hill Cemetery

23c. NAME OF CEMETERY OR CREMATORY

Health | VR A15ME (5

GORRobert E. Wilhelm Home 4308 Suitland Rd. Suitland, Md.

NAME (Type) John Kehoe, M.D.

23g. BURIAL PREMA

REMOVAL (SI

Prince Georges, Maryland 25b REGISTRAR'S SIGNATURE

3-1-67

(Caunty)

Address (Street, city, tawn, ar county)

2Sq. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	02574	CERTIFICATE	OF DEATH		02568
1.	PLACE OF DEATH OF PRINCE GEORGES	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution b. COUNTY	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORESTVILLE	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF ou	utside corporote limits, write RURAL HEIGHTS	L ond give nearest town)
Г	d. NAME OF HOSPITAL OR INSTITUTION (IF not in h REGENT NURSING HOME	ospitol, give street address)	d. STREET ADDRESS 7816 DIST.	. HGTS. PARKWAY	e. IS RESIDENCE ON A FARM? YES NO
L	NAME OF First DECEASED (Type or print)	MAE HE	Lost YDERSOY	4. DATE Month OF 2	Doy Year 27 1967
	FWW	DOWED DIVORCED	DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
dui	o. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Heusewife	10b. KIND OF BUSINESS OR INDUSTRY	WEST VIR		12. CITIZEN OF WHAT COUNTRY? USA
	FATHER'S NAME ACIE GEARHEART			NAME MC LAUGHLIN	
(Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of servi NO	(e)	NFORMANT DOUGLAS HENT	Address DERSON SAME	
	IB. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).)			INTERVAL BETWEEN ONSET AND DYATH
	Conditions, if ony, which gove (b)	Orcinoma of,	CERVIX	Emetasta.	cis 2 VRS.
	stoting the underlying couse lost. DUE TO	Right Uret	ern/ C	bstruction	n 6 mos
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20∘. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. ((Enter noture of injury in	Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		CE OF INJURY (Home, form ory, street, office bldg., etc.		(County) (Stote)
	21. I certify that (I) (this hospital) saw the deceased alive an 2		1962, death accurred at		, 19 <u>67,</u> that (1) (we) lend an the date stated abo
	220. SIGNATURE	Sheer M.D	111701	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 2-27-67
	22c. PHYSICIAN'S NAME (Type) WIALTER	B. SHEER	6400 MARS	born fixe S.E.	lens 4. D. C. 200

NAME OF CEMETERY OR CREMATORY

HOME

WOODLAWN

FUNERAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye-carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death Poge 4 moy be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

BURIAL, CREMATION, REMOVAL (Specify) BURIAL 1967 24. FUNERAL DIRECTOR ROBERT E. WILHELM ROAD, SUITLAND, MARYLAND

23b. DATE THEREOF

CEMETERY 2So. REC'D BY REGISTRAR

VIRGINIA BLUEWELL WEST 2Sb. REGISTRAR'S SIGNATURE

23d. LOCATION (City or Town)

DATE

(Stote)

(County)

02574 THE PARTY OF THE P and the second of the second o tight weetend and and the the THE THE PARTY OF T AND AND STATE OF THE PARTY OF T MARYLAND STATE DEPARTMENT OF HEALTH

02569

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02575 CERTIFICATE OF DEATH

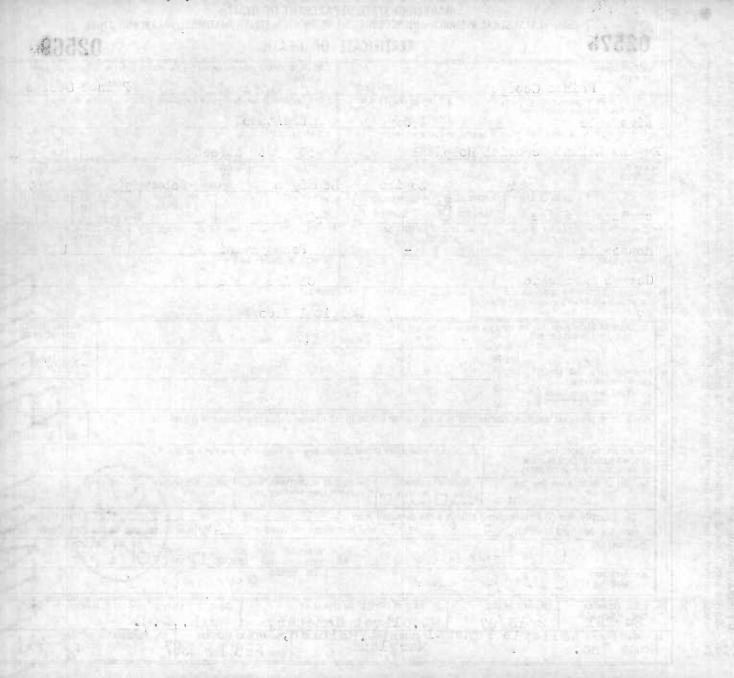
										-
1. PLACE OF 1	DEATH		, <u></u>		2. USUAL RESIDENCE (V	Where dece	ased lived, if institu	tian: Residenc	e befare	admissian)
a. COUNTY	Prince Georg	es	MA	RYLAND	o. STATE Marv	land	b. COL	Prin	ce G	eorges
b. CITY OR	TOWN (If outside carparote limits		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If ou		rote limits, write RL	JRAL ond give	neorest	town)
	RAL and give nearest town)		1 day		Brentwo	boo		7	16	-1
	HOSPITAL OR INSTITUTION (If no	t in hospitol, g			d. STREET ADDRESS	ou			е.	IS RESIDENCE ON A FARM?
	e Leland Memori				4503 34th	Stre	et	1.16		ON A FARM?
3. NAME OF	Fire	st	Middle		Lost	4. DATE	Mar	ith	Day	Year
DECEASED (Type or pri	nt) Mary		Louise		Hennigan	OF DEATI	H Febru	arv	9	1967
S. SEX	6. COLOR OR RACE	7. MARRIED :	NEVER MARRI		B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1		IF UNDER 24 HRS.
female	e white	WIDOWED :	DIVORC	ED 🔲	8-29-28		last birthday) 38 yrs.	Manths	Days	Haurs Min.
	UPATION (Give kind af wark done		ND OF BUSINESS OR	ALL:	11. BIRTHPLACE (County	& Stote, ar f	foreign country)		ZEN OF \	WHAT
	warking life, even if retired) きいうその	INI	DUSTRY		Pennsyl:	vania		(00	NTRY?	U.S.A.
13. FATHER'S I					14. MOTHER'S MAIDEN I					0.0.8.
Georg	ge Maholchic				Claire W	acles	n de la			
1S. WAS DECEA	ASED EVER IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17. 1	NFORMANT	an 1 Cy	Addı	ess		
(Yes, na, or unk	nown) (If yes give wor or dotes a	service)		Hos	pital Recor	20				
	E OF DEATH (Enter antly one caus	se per line far	(a), (b), and (c),)	RIOS	DI VAI NECOL	us			INTER	RVAL BETWEEN
	I I. DEATH WAS CAUSED BY:	4.0		EREBR	OVASCULAR	ACC	CIDENT	1	ONSE	T AND DEATH
3	30X IMMEDIATE CAUSE ((0)	0 70						20	House
Canditions	if any which gave >		PTURE!	0 /	INEURYSM			5	29	HOURS
	mediate couse (a), ((0)				7				100
lost.	e underlying couse	(c)						100		
PART II O	THER SIGNIFICANT CONDITIONS CO		O DEATH BUT NOT R	FLATED TO 1	HE TERMINAL DISEASE CON	NDITION GIV	/FN IN PART 1(a)		19. V	VAS AUTOPSY
MEDICAL CERTIFICATION OR CONTR (IF EITHER,) 20c. TIME		, minibolinio i	000000		The recommendation of				YES	PERFORMED?
200 ACCID	ENT WAS UNDERLYING	T 20h DES	COIRE HOW INITION	OCCUPPED	(Enter noture of injury in	Port Lor Pr	ort II of item 19)		163	
OR CONTR	IBUTING CAUSE OF DEATH	200. 003	CKIDE HOW HOOK?	OCCURRED.	(ciner noibre at injory in	1011 1 01 1	on it at nem 18.,			
(IF ETTHER,	OF INJURY Month, Doy, Year	204 IN	JURY OCCURRED	I 20° DIA	CE OF INJURY (Hame, form	n. 20f.	(City or town)	(Cau	ntu)	(State)
20c. 11ME	laur o.m.	While	Nat While		ory, street, affice bldg., etc.)		(City at lawit)	(Cuu	iliy)	(Sidia)
	p.m. 19	ot work		11		10/5		10/		. (1) () (
	I certify that (I) (this has the deceased alive an	2 - 8	led the deceose	a trom , and tha	t death occurred at	3 12 A	to 2 ~ 9 M, fram causes	and on th	L, those date	at (I) (we) las stated abave
22o. SIGI	NATURE \		,		ATTENDANO /	MED	CTAFF	22b. DA	TE SIGNE	D
	C 1. H	ollu	un	M.1	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.] 2.	. 9	67
22c. PHY	SICIAN'S AE (Type) C , J	HOUM	ANN		22d. ADDRESS	RIVE	RDALC	MD		
23o. BURIAL, C	REMATION. 23b. DATE THE	REOF	23c. NAME OF CE	METERY OR	CREMATORY	23d. I	OCATION (City or To	wn)	(County)	(State)
REMOVAL		167			Cemetery		sh.D.C		-30,	(5.0.0)
	DIRECTOR Nalley's	Funer	AL ADDRESS N	t.Ra	inier 250. REC'E			EGISTRAP'S SI	GNATURE	1
Home			Maryl	and	DATE F		5 1987	Milion	les &	udge
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ortending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-tronsit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remavol, and in any event, within 72 hours after death Page 4 moy be retained by the hospital or attending physician.

certificate be executed within 24 hours after deoth

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death

VR A15 (4) 20 M 1/66



1	MARYLAND STATE DEPARTMENT OF HEALTH A RIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
# 2ª #	02576 CERTIFICATE OF DEATH 02570
hours after death. d in by the funeral. rs. Pages 1 and 2 hours after death,	1. PLACE OF DEATH a. COUNTY Prince Geo. MARYLANO MARYLANO D. CLIV OR TOWN (if outside corrects limits to track of STAY, N. 1)
nours after I in by the s. Pages 1 hours after	write RURAL and give nearest town) Cheverly I mo16 days Brentwood
fille appear	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Prince Geo. Gen. Hosp. d. STREET ADDRESS ON A FARM? YES \(\sum \) No \(\sum \)
rted within 2 completely fil ve carbon pal event, within	3. NAME OF First Middle Last 4. DATE Month Day Year OF DECASED (Type or print) Mabel E. Herbert DEATH Feb. 1 1967
e executed an and com e remove in any eve	5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (in years if UNDER 1 YEAR FUNDER 24 HRS. 1
icate be e physician n please r val, and in	1Da. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Dress Buyer 1Db. KIND OF BUSINESS OR INDUSTRY Maryland 11. BIRTHPLACE (County & State, or foreign country) U.S. T.
certificat form phy Then p removal,	13. FATHER'S NAME Henry S. Miller 14. MOTHER'S MAIDEN NAME Frances Owings
death cert ne atemoin permit Pr tion, or rem	15. WAS DECEASED EVER IN U.S. ARMEDFORCES? (Yes, no, or unknown) (If yes give war or dates of service) 577-01-9873 Mr. Joseph W. Herbert (above address
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital or attending physician. INECTOR: After this certificate has been signed by the aterior physician and completely ge 3 should be detached for use as the burial-transit permit. Then please remove carbon per with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) Conditions, If any, which
aw requir tending p has been as the bi prior to b	gave rise to immediate cause (a), stating the underlying cause last. DUE TO Ardustlers the Alax Dude Vrs
CIAN: The law requirespital or attending tertificate has been hed for use as the bed for use as the beath prior to the attent or the attent of health prior to the attent or the attent of the attent	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRI
HYSICIAN TO HOSPITT THIS CERTIF ET ACTOR Dept. of	
ING PHY I by the Ifter thi be deta State Do	Zoc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4
ATTENDII e retained rector: Ai 3 should with the S	21. I certify that (II) (this hospital) attended the deceased from
AR L D	226. SIGNATURE SCHULLING M.D. ATTENDING MED. DIRECTOR DATE SIGNED 220. PHYSICIAN'S NAME (Type) 220. ADDRESS
O HOSPITAL Page 4 may O FUNERAL I director, pag should be fill	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL (Specify) 2/4/67 Fort Lincoln Com. Colmar Manor, Md.
VR A15 (4)	24. FUNERAL DIRECTOR Nalley's Maryland Rainier, 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FEB 6 1967 Charles Lude
15M 4-64	Funeral nome income

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County Hanco, Ed. 1	. 10 . 11 . 110 . 10 . 11 . 100 . 1	

FOR STATE		O2577 DIVISION OF VITAL RECORDS, 301 W, PRESTOR WAS PRESTOR OF VITAL RECORDS, 301 W, PRESTOR OF VI	CERTIFICATE OF DEATH	02572
HEALTH DEPT.	1.	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution; Resident o. STANaryland b. Frince (
+ m	-	o. COUNTY Prince George's MARYLAND b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give	0
eath. If any delay ogges 1, 2, and 3 ith farm PM3. Pagist Department		write RURAL and give nearest town) Cheverly DOA	Oxon Hill	16-1
1, 2, m lim		d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
h. If ages 1, farm farm		Prince George's Hospital	7704 Allentown Road	YES NO 🔀
after death. I 8. Give Pages along with far with the State		NAME OF DECEASED (Type or print) Priscilla June Trout	lousenfleur 4. DATE OF DEATH February	Day Year 4 19 67
haurs after death Item 18. Give Pag Office alang with land2 with the Sta r death.	S.	female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER last, birthday) 7. Months 7. Mont	Days Hours Min.
	10c dur	a. USUAL OCCUPATION (Give kind of work done in Trough Seven if retired) 10b. KIND OF BUSINESS OR OWNTRHOME	11. BIRTHPLACE (State or foreign country) 12. CIT	IZEN OF WHAT
within 24 pencil in cominer's rie pages hours afte		David Malcolm Trout Sr.	14 MOTHER'S MAIDEN NAME Mary Louise Bra Emil/Louise Bradley//	dley
P.E P 4 2	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAD SEGURITY NO. 90 17.	INFORMANT Emil R. Husband Address Roalry B. Housenfleur Thouse	anoke, VI.
be "pe hief hief ansit		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pericardi		Spring Md. INTERVAL BETWEEN ONSET AND DEATH
shauld e ward to the Ch urial-tra		Conditions, if ony, which gove (b) (organism under	etermined)	
e + + .=		stoting the underlying cause	eumonia, bilateral	
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES X NO
	L CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY □ OF CONTRIBUTING □ CAUSE OF DEATH.	(Enter nature of injury in Part I or Part II of item 18.)	
Sh fill fill fill fill fill fill fill fil	MEDICAL		ACE OF INJURY (Hame, farm, ctory, street, affice bldg., etc.)	unty) (State)
AL fall, ial,		21. I certify that I took charge of the remains described above by death resulted from: Natural causes [X]. Accident [], Soin	eld on Autopsy 🕵 , Inspection 🕵 , Inquiry 🕵 , cide 🗍 , Homicide 🗍 Undetermined monner	ond in my opinion
MEDIC.		ACTUAL	CHIEF MEDICAL EXAMINER	J 22. DATE SIGNED
ury, plury, plur		SIGNATURE TO THE SIGNATURE	ASSISTANT MEDICAL EXAMINER DEPLITY MEDICAL EXAMINER	2-4-67
o DEPUTY necessary, p the funeral 5 may be re 5 FUNERAL Health prior	2	EXAMINER'S John Kenoe, M.D.	Address Vericially, low, of Tourity)	10.00
To DEPL necessa the fun 5 may 10 FUNE Health		a. Burial, (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR PAIR PROPERTY OF PAIR PROPERTY OF PAIR PROPERTY OF PAIR PAIR PAIR PAIR PAIR PAIR PAIR PAIR	Roanoke Roano	(Caunty) (State) Va.
VR A15ME (5)		Francis Gasch's Sons Hyattsville, Md.	250. RECODIANA 250. RECODIANA 5	GNATURE Cude
6M 1/67		rancis Gasch's bons fivalisville. Md.	DATE FFB (1967)	THE PARTY OF THE P

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DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, alease exe-	te the certificial writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be		UNERAL DIRECK: Pode 3 should be used as o burial-transit permit. File podes I and 2 with the registrar and
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00000								Reg.	Dist. No	0. 16	MIL.
I. PLACE OF DEATH a. COUNTY	Prince G	eorge	MARYLAN		o. STATE Mary		sed lived. If institu			Geo:	- ,
b. CITY OR TOWN (If outside and give nearest town)	e corporate limits, write R	URAL	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (IF Lau rel	outside cor	porote limits, write	RURAL	nd give n	nearest to	wn)
d. NAME OF HOSPITAL O	R INSTITUTION (If I	ot in hosp	ital, give street address)		d. STREET ADDRESS						ESIDENCE
Eugene Leland	Memorial	Hos	oital		903 Philip	Power	rs Drive				A FARM?
3. NAME OF DECEASED (Type or print) Cha	rles Fran	klin	Howell Howell		Last	4. DATE	February		196	7	ear
M	W V	VIDOWED		J	TE OF BIRTH June 12, 18		9. AGE (In years last birthday)	Months	R 1YEAR Days	Hours	ER 24 HRS Min.
10a. USUAL OCCUPATION (C during most of working life	give kind of work do	10b. KI	ND OF BUSINESS OR INDU	JSTRY	11. BIRTHPLACE (State	or foreign	country)	12. CI	TIZEN O	F WHAT	COUNTRY
Farmer			enant farm		Oella Mar			US	SA	W+-	
13. FATHER'S NAME	**			14	MOTHER'S MAIDEN	AME					
William					Louise Hu	ff					325
15. WAS DECEASED EVER IN (Yes, no. or unknown) (If yes)	U. S. ARMED FORC , give war or dates of sen				RMANT L. Howell	, 312	Wash. Bl		Jessi	up, l	Id
PART I. DEATH WIMM Conditions, if ony, gove rise to immediate (o), stoting the under couse lost.	AS CAUSED BY: EDIATE CAUSE (o) DUE TO which couse	per line fo	ITSAIL	61	RE 1 + 8 + 7/1	197	DISE	1) [A A	RVAL BETWIET AND DE	
PART II. OTHER SI	GNIFICANT CONDIT	IONS CON	NTRIBUTING TO DEATH BUT	T NOT	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA		PERFO	AUTOPSY RMED?
PRIMARY OF CONTRIB	VAS UTING 🗆 20b.	DESCRIBE	HOW INJURY OCCURRED.	(Enter	noture of injury in Part	i or Port II	of item 18.)			18	
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year	20d. IN While of work	Not while fo	LACE Coctory,	OF INJURY (Home, form street, office bldg., etc.	20f. (City	y or town)	(C	ounty)		(State)
21. I certify that I death resulted from		_	emoins described ob Accident , S	oove, uicida	_		nspection [],		iry 🔲	, ond	find tho
ACTUAL	offin	17.	ehr		D. CHIEF MEDICAL EX					DATE S	IGNED
EXAMINER'S NAME (Type)	/John Keh		M.D., Rivero		DEPUTY MEDICAL E	XAMINER [<u> </u>		2-	16.	6/
220. BURIAL, CREMATION, 2 REMOVAL (Specify)	26. DATE THEREOF 2-16-6	7 2	Edge No	CR CRE	Cen	Cha Cha	rlester	or county)	W	(Stote	o)
23. FUNERAL DIRECTOR'S SIG	SNATURE OF ALL A	Lean	ADDRESS	7		BY REGIST	1967 PC	strar's s	43		

What American consideration The Wild House Committee in the Committee of the Committe

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Thems

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02579 FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Prince George 2, and 3 to PM3. Poge b. COUNTY Fairfax Virginia Md. of after deoth. MARYLAND Deportment b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Cheverive nearest tawn) D. O. A. /Vienna Kentland d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS7524 Forest Rd. e. IS RESIDENCE ON A FARM? YES NO within 72 hours Prince George General Hospital 609/Park Street Item 18. Give Poges ofter death. olong with 3 NAME OF Middle First 4. DATE 5 Manth Day Year DECEASED EARL W. HUNT Feb. 67 (Type or print) DEATH 19 with S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 4057 birthday) Manths White April 16, 1919 Days Haurs Male WIDOWED DIVORCED 24 haurs 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Restaurant UOUSRY A. Maryland Examiner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within pencil od Lucy Shaw George B. Hunt File pup IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 609 Park Address rd "pending" in Chief Medical E permit. removol (Yes, na, Gunknown) (If yes giwwwwor dates of service) 579 12 5944 Albert B. Hunt Same/as (brother) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), buriol-transit PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (a) used os o buriol-trar buriol, cremation, o word DUE TO SHD Conditions, if any, which gave te, writing the v forwarded to the rise ta immediate cause (a), DHE TO stoting the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION please execute the certificate. NO ogent, prior to 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) 3 should PRIMARY ar CONTRIBUTING AL EXAMINER: CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (State) Haur a.m. Not While factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Page at work designoted 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection [2] Inquiry 2 and in my opinian the funeral director. Natural causes Accident Suicide death resulted fram: Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 2/7/67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** ohn Kehoe, M. D. NAME (Type) Address (Street, city, tawn, or county) 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR NEXAMATORY 23d. LOCATION (City or Town) (County) (State) 50 Arlington Virginia Arlington National Feb 10, 1967 25b. REGISTRAP'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Hyattsville, Md. Gasch s Sons VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

e. IS RESIDENCE ON A EARM?

Year

19 67

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

Doy

12. CITIZEN OF WHAT

Md.

COUNTRY 3

IF UNDER 1 YEAR

NO x

02580 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE
Maryland

Maryland b. COUNTY
Prince George's o. COUNTY delay is and 3 to Prince George's MARYLAND and 2 with the Stote Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup 1 hour Cheverly 1 hou
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Capitol Heights d. STREET ADDRESS Office along with form in Item 18. Give Poges Prince George's H ospital 301 50th Avenue NAME OF Middle 4. DATE Month DECEASED Samuel Hunt February Raymond DEATH (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED X 8. DATE OF BIRTH 9. AGE (In years NEVER MARRIED last birthday) Aug. 21, 1929 white WIDOWED DIVORCED after deoth male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Food Store Maryland 14. MOTHER'S MAIDEN NAME This certificate should be executed within pencil 13. EATHER'S NAME 72 hours Raymond S Hunt Sr Annie M Williamson File 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) ((If yes give wor or dotes of service) 578 36 5274 pending" Chief Medical within Capitel Heights, Alleen M Hunt 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit event PART ! DEATH WAS CAUSED BY: Bilateral hemothofax IMMEDIATE CAUSE (o) please execute the certificate, writing the word director. Page 4 should be forwarded to the Ch DUKCKO any Laceration of brain Conditions, if any, which gove : rise to immediate couse (a). ⊑ DUF TO stoting the underlying couse 050 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) or removol, 20o. EXTERNAL CAUSE WAS PRIMARY ™ or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should Driver of car involved in collision. CAUSE OF DEATH. cremation, MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (City or town) Hour om Not While of work of work 5:00pmm 2-17-67 19 death resulted fram: Natural Pauses . Accident k Suicide . Hamicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE

1 hour 19. WAS AUTOPSY PERFORMED? NO X (County) 75th Ave. and Forest Rd. Hyattsville P.G. Md may be retained for your FUNERAL DIRECTOR: Page 21. I certify that I took charge of the remains described above, held an Autapsy , Inspection x, Inquiry x, and in my apinion funerol director. Undetermined monner be retained 22. DATE SIGNED 5 may be retr TO FUNERAL DI Health prior t 2-18-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Kehoe, M.D. Riverda le towMd county) NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION (County) (Stote) REMOVAL (Specify) Cedar Hill Cemetery Md. Suitland Pro Geo Buria Gasch's Sons Hyattsville, Md. 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECT VR A15ME (5) 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTICICATE OF DEATH

		TOPAU			CEKTIFI	CAIL	OF DEATH			1125	75
	1.	PLACE OF DEATH o. COUNTY Prin	ice George'	s	MARYLA	Where deceased lived, if it and b	county Pr	dence before	odmission) eorge!		
		b. CITY OR TOWN (write RUPAL and	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If autside carparate limits, write RURAL ar Laurel			and give nearest tawn)			
		d. NAME OF HOSPIT	AL OR INSTITUTION (If no	at in haspital, o	give street address)		d. STREET ADDRESS	STATE OF THE PARTY		е.	IS RESIDENCE
4					cal Hospita	1	22 Far	rms Avenue			ON A FARM?
		NAME OF DECEASED		seph	Middle H		lost Ireland	4. DATE OF DEATH Februa	Manth	Day	Year
		(Type or print) SEX	6. COLOR OR RACE	7. MARRIED			. DATE OF BIRTH	9. AGE (In ye			19 6 7 F UNDER 24 HR
		Male	White	WIDOWED			9/11/84	last birthd			Hours Min
	10a duri	ina most of working	(Give kind of work done life, even if retired) repairman		ND OF BUSINESS OR DUSTRY ilroad		11. BIRTHPLACE (County Mary	& State, or foreign cauntry)		CITIZEN OF V	WHAT
	13.	FATHER'S NAME	-		THE EVAID		14. MOTHER'S MAIDEN	NAME	-		
			John Irel	land			Martha A	nn Phipps			
	1S. (Ye	WAS DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates o	of service) 16.	SOCIAL SECURITY NO.		nformant ttie H Irel	and Laure	Address	1.	
1	TION	Conditions, if ony, rise to immediat stating the under last. PART II. OTHER SI	e couse (o), rlying couse	TO (c)	MES, cliving		HE TERMINAL DISEASE COI	NOITION GIVEN IN PART 1	0)		VAS AUTOPSY PERFORMED?
	CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in	Port I or Port II af item 1	8.)		
	MEDICAL	20c. TIME OF INJU Haur o.r p.r	10	20d. IN While at wark	Not While		E OF INJURY (Hame, farm ory, street, office bldg., etc.)		n)	(County)	(Stote)
		21. I certi	fy that (I) (this has	pitol) otten	ded the deceased fr	rom_J	an 29, , 1	967 , to Feb . 8:20 M, from cou	11, , l	9 <u>67</u> , the	t (I) (we) I
		220. SIGNATURE	mp	1401	back	M.D	ATTENDING -	MED. STAFF DIRECTOR PHYS.	22b.	DATE SIGNED	
1		22c. PHYSICIAN'S NAME (Type	Wm. A. Ho	lbrook.	, M.D.		425-000 Co 1 1	ege Ave., C	ollege	Park,	Md.
	230	BURIAL, CREMATIC REMOVAL (Specify Burial	ON, 23b. DATE TH		23c. NAME OF CEMETE			23d. LOCATION (City washing		(Caunty)	(State)
	24	FUNERAL DIRECTO	R		ADDRESS	1.		BY REGISTRAR 25	b. REGISTRAR		1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

Figure 4 and 12 and 2 and 3 and 4 and 4 and 5 The season of th The same and the same has been a second of the same state of the s nengana makatan di ketan latan ketangan di babatan di ketangan di ketangan pada di ketangan pada di ketangan b Babatan ketangan di ketangan dalam di 1828 ketangan di babatan di ketangan pada di ketangan di ketangan di ket Stips on the ... We could be still a s THE RESERVE OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET BALTIMORE MARYLAND 21201

02582	CERTIFICATE	OF DEATH		02578
1. PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (a. STATE Maryla	Where deceased lived, if institution b. COUNT	
b. CITY OR TOWN (If autside carparate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a	utside carparate limits, write RURA	
write RURAL and give nearest town) Cheverly	9 days	Hyatts	v ille	16-1
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspite		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
PrinceGeorges General He			41st Place	YES NO
NAME OF First DECEASED (Type or print) Baby	Middle Bot J	lost ackson	4. DATE Manth OF DEATH Feb	
6. COLOR OR RACE 7. MARRI		DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min. Q
	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County Marylan	& State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Michael Arthur Brown	STALL STATE OF THE PARTY OF THE	Mil	dred Veronica	Jackson
S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give war ar dates af service)		NFORMANT	son-4704 4ls	
18. CAUSE OF DEATH (Enter only one cause per line PART 1. DEATH WAS CAUSED BY:	for (a) (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	freuman / 4)		
Canditions, if any, which gave)				
rise ta immediate cause (a),				
stating the underlying cause (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRED.	Enter nature af injury in	Part I ar Part II af item 18.)	
Haur a.m.		E OF INJURY (Hame, farr ary, street, affice bldg., etc.		(Caunty) (State)
21. I certify that (3) (this haspital) att saw the deceased alive an Feb	tended the deceased fram	death accurred a	19 <u>67, ta</u> Feb. 2] t6.00PM, fram causes a	nd an the date stated above
22a. SIGNATURE		ATTENDING	MED. STAFF	22b. DATE SIGNED
6. dun 1	M.I.	PHYS. L	DIRECTOR PHYS. 123	Feb. 23, 1967
22c. PHYSICIAN'S NAME (Type) Edmond Rodrigu	ez. M.D.		eorge's General	Hospital
23g. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town	
Burial 2/27/67	Mt. Olivet			
24. FUNERAL DIRECTOR	elva Aboressy.	2Sa. REC	D BY REGISTRAR 2Sb. REG	ISTRAR'S SIGNATURE
Stewart Funeral Home	4001 Benning	Rod . DATE	B 27 1967 KG	harley Juster

VR A15 (4) 20 M 1/66

- 12

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please femave carban papers. Pages 1 and 2 shauld be filled with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

			Division of STATIS	TICAL RESEA	ARCH AND RECORD	0\$, 301	PARTMENT OF HEA W. PRESTON STREE		E, MARYLA	ND 2120)]	
		0258	3	Item 20	CERTIFI	CATE	OF DEATH THE			กวา	577	
			Georges C		MARYL	AND	2. USUAL RESIDENCE (WHO o. STATE	here deceased live	ed, if institution b. COUNT	n: Residence Y Pro	before admiss George	ian) es
		b. CITY OR TOWN (I write, RURAL and hever	f outside corporate limit give nearest town)	s,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If outs	ide corporote limi	hts Un	l ond give in ivers	neorest tawn)	/
4		d. NAME OF HOSPITA	at or institution (if no deo General	at in haspital, g			d. STREET ADDRESS 4207 Coll	lege Hei			e. IS RES ON A	IDENCE FARM? NO K
		NAME OF DECEASED (Type or print)		^{ist} ha Jane	Middle e Jardine		Last	4. DATE OF DEATH	Manth Feb		Day Y.	ear 67
	S.	female	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		Nov 9, 1886	lost	(In years birthday) yrs.	Manths [YEAR IF UNDI Days Hours	Min.
	10a duri	. USUAL OCCUPATION ing most of working I House		IN	ND OF BUSINESS OR DUSTRY Vn home		11. BIRTHPLACE (County & West Virgin	nia	ountry)	U S	ZEN OF WHAT NTRY?	
	13.	FATHER'S NAME Sa	muel C Mol	lohan			14. MOTHER'S MAIDEN NA Virginia	ME a Mc Cra	У			
	1S. (Ye	WAS DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates o	of convice V	SOCIAL SECURITY NO. 77 10 8626		on Eugene Ja	ardine	Address		ights,	Md.
/		1B. CAUSE OF DE PART 1. DEAT	ATH (Enter only one cou H WAS CAUSED BY: IMMEDIATE CAUSE DUE	(a) /	(a), (b), and (c).)	11	Politins				INTERVAL BE ONSET AND	ETWEEN
		Conditions, if any, rise to immediate stating the under lost.	which gove a cause (a),	(b)		Topo.				1,3		
2	ATION	PART II. OTHER SIG			TO DEATH BUT NOT RELAT	TED TO T	HE TERMINAL DISEASE COND	ITION GIVEN IN P	'ART 1(a)		19. WAS AU PERFORI YES	TOPSY MED? NO
	L CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)		20b. DE	SCRIBE HOW INJURY OCC	URRED. (Enter noture of injury in Po	art I or Part II of	item 18.)			
	MEDICAL	20c. TIME OF INJU Haur a.m p.m	10	20d. 1N While at work	Nat While		E OF INJURY (Home, form, rry, street, office bldg., etc.)	20f. (City	ar town)	(Caun	ty)	(State)
		saw the de	y that (I) (this has eceased alive an_		ded the deceased f		death accurred at_	63 , taM, frai	m causes a		e date state	(we) las ed abave
		22a. SIGNATURE	Imello.	Elyn	~	M.D	ATTENDING PHYS. 22d. ADDRESS	NED.	STAFF PHYS.	22b. DAT	E SIGNED .	
1	02	22c. PHYSICIAN'S NAME (Type)	7-1111-	CLED	GREN 1 23C. NAME OF CEMET	EDV OD (Hy	attrible	, me	(,	County	(\$4046)
1		BURIAL, CREMATIO REMOVAL (Specify)	Feb 15		Ft Linco		emetery	Colmar	Manor	Pro G	leo Md	(Stote)
	24	FUNERAL DIRECTOR		s Hyat	tsville, Mo	d.	2So. PECD DATE	BY REGISTRAR 19	67 ^{2Sb.} REQ	ISTRAR'S, SIE	NAJUREMON	pr.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02584 CERTIFICATE OF DEATH attending physician and campletely filled in by the funeral permit. Then please, remave carban papers. Pages 1 and 2 ian, ar remaval and in pay event, within 72 hours after death. requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Prince George;s o. STATE b. COUNTY MARYLAND Maryland Prince George's b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Cheverly c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 hrs.45 mins Crownsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital YES NO X 1139 Plum Drive 3 NAME OF First 4. DATE Month Doy Year DECEASED BAbv Boy (Type or print) Jarrell DEATH 28 IF UNDER 1 YEAR NEVER MARRIED SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS lost birthdoy) Months Hours Dovs WIDOWED DIVORCED Male White Feb. 27, 1967 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Prince Georges, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remava Elaine K. Dolby Arthur Joseph Jarrell WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Arthur J. Jarrell Same as 2 D.D. None 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p lehelasis ONSET AND DEATH ulmonau IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse r this certificate has been detached far use as the director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO be retained by the hospital ar 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram Feb. 27, 19 67, ta Feb. 28, 1967, that (1) (we) last saw the deceased alive an Feb. 28, 1967, and that death accurred at 1:25 PM, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) John Perkins Cheverly Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) Burial (Specify) Mar. 2.1967 Our Lady of the Fields Millersvill 250 REGISTRAR 196 Buff Charles F. APPENT VR A15 (4) Hopping Funeral Home Annapolis. Md.

NEW TRANSPORT the water to be a product of the second Followskipper - main of British will have be well did a second to the AND AND THE COURSE OF THE PROPERTY OF THE PROP

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02585 FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) I. PLACE OF DEATH o. COUNTY o. STATE ay is 3 to Page Prince George's Maryland Prince George's MARYLAND delay i c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corparate limits, ond write RURAL and give neorest town) 2, ond PM3. Hvattsville DOA Cheverly Stote Deport IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 'pending" in pencil in Item 18. Give Pages 1, Chief Medical Examiner's Office olong with form NO EX 5311 Crittenden St. Prince George General Hospital This certificate should be executed within 24 hours ofter death. 4 DATE 3. NAME OF DECEASED Middle Lost Month Dov Year OF 20 19 67 (Type or print) Evans John Javaras DEATH 9. AGE (In years IF UNDER 1 YEAR 1 IF UNDER 24 HRS 8 DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthdoy) Months Doys Hours WIDOWED DIVORCED 25 March 1897 White and 2 Male hours ofter deat 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired waiter Hotel COUNTRY? Greece 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown File Address 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. event within 72 (Yes, no, or unknown) (If yes give wor or dotes of service) 579 01 6148 Hyattsville, Md. Thelma M Javaras INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o) Metastatic carcinoma the ward Adeno carcinoma of pancreas in ony Conditions, if ony, which gove rise to immediate couse (a). 0 DUE TO stoting the underlying couse please execute the certificate, writing t I directar. Page 4 should be forworded 0.5 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) removal, PERFORMED? NO X 20o. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING 0 MEDICAL EXAMINER: CAUSE OF DEATH. cremation, (City or town) (County) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Your While Not While FUNERAL DIRECTOR: Poge ot work ot work Inspection x Inquiry 🔀, 21. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion deoth resulted from: causes x Suicide . Homicide Undetermined monner Accident the funeral directar. be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health prior DEPUTY MEDICAL EXAMINER EXAMINER'S 2-21-67 Riverdale, Md. moy NAME (Type) John Kehoe, M.D. Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY
Ft Lincoln Cemetery 23d. LOCATION (City or Town) (County) 0 Colmar Manor, Pro Geo Md. Feb 23, 1967 BUTTAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTO Hyattsville, Md. Gasch's Sons VR A 15ME 15 DAFEB 2 4 1967

MARYLAND STATE DEPARTMENT OF HEALTH

62223 sterment south minerous conima . The sound that the transfer of the latter em sunto antico antico the contract of the second sec maniones eldute an assigned to amende one ordin THE STATE OF THE S the many than the object of the party of the second of the E. Carrett's she south of the little ; That . .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02586 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY Maryland Ann Arundel 0 and 2 with the State Deportment of Prince George's MARYLAND deloy CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b puo DOA Cheverly Odenton d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? farm Prince George General Hospital RFD.1. Box 394B Item 18. Give Poges YES NO be executed within 24 hours after deoth. ffice along with NAME OF Middle First Lost 4. DATE Day Year DECEASED 21 67 Daniel Fred Johnson DEATH 19 Type or print IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED 1ast birthday) 52 yrs. Manths Days Haurs WIDOWED DIVORCED April 1914 Negro Male 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Virginia Maintenance USA Exominaris 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in pencil within 72 hours Bessie Macklin E 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give war or dotes of service 16. SOCIAL SECURITY NO. 17. INFORMANT Address rd 'pending' ir Chief Medical B permit. Mrs. Eva Johnson-Route 1 Box 394-B INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) event PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Lobar pneumonia MEDICAL EXAMINER: This certificate should e, writing the word farworded to the Ch DUE TO any Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause used WAS AUTOPSY PERFORMED? removol, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) CERTIFICATION YES IX please execute the certificate, NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 3 should PRIMARY CONTRIBUTING cremation, or CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 204 INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (State) (County) factory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge at wark at wark 21. I certify that I taok charge of the remains described above, held an Autopsy [X], Inspection . Inquiry X, and in my apinian Addent I Suicide death resulted fram: Nateral causes X Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED 5 may be ret TO FUNERAL D Health prior 1 ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 2-22-67 Riverdale, Md. John Kehoe, M.D. Address (Street, city, tawn, ar caunty) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF Maryland Harmony Memorial Ceme. ADDRESS 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A 15ME (5) Funeral Home-4001 Benning Rd., M. EEB

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STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission e. COUNTY GEORGE! FR. GEORGE'S by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town)
RIVERDALC 1/ FRDALE .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 5472 5422 Quesada St. YES NO V NAME OF Middle 4. DATE last Yeer DECEASED OF GEDRGC WILBUR and comp carbon pa (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS AGE (In yeers | IF UNDER 1 YEAR last birthdey) Months event WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) 11RGINIA BRICKLAYER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE LOUISE CATHERING a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror detes of service) MRS. HAZGL NO 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] attending physician. INTERVAL BETWEEN þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) CARCINOMATOSIS 2 MOS DUE TO BRONCHOGENIC CARCINOMA Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying the bur PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION hospital 8 Q PERFORMED? NO V prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 1B.) 20e, ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or fown) (County) (State) fectory, street, office bldg., etc.) While Not While et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from 12 · 12 to 5 FEB 1967, that (1) (we) last 19.6.4 FEB 19.4. A and that death occurred at 5.2.2.M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING TO HOSPITAL
death. Page 4 r
TO FUNERAL I
director, page 3
be filed with the PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS RIVEROALE NAME (Type) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) Ft Lincoln Cemetery Colmar Panor Pro Geo Md. 8, 1967 r'eb 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) F. Gasch's Sons Hyattsville, Md. DATE 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02588 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Prince George's MARYI AND Maryland Prince George's delay File pages 1 and 2 with the State Department b. CITY OR TOWN (If autside carparate limits. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b write RURAL and give negrest tawn) Riverdale Beltsville DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 99 pending" in pencil in Item 18. Give Pages 1, ef Medical Examiner's Office along with farm YES NO X Leland Memorial Hospital 4516 Yates Road 24 haurs ofter death. NAME OF Middle 4 DATE Day Year DECEASED 26 67 Thomas 19 (Type ar print) Jones DEATH S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) Manths Davs Hours event within 72 haurs after death WIDOWED DIVORCED 9-20-1926 Male White 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) NOUSIRY C Government COUNTRYS Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate shauld be executed within Robert Thomas Jones Rosalie America 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. Address (Yes, ng, ar unknown) (If yes give war or dates af service) 215 20 3076 Beltsville, Md. Florence Z Jones INTERVAL BETWEEN ONSET AND DEATH minutes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: MINER: This certificate, writing the ward "per the certificate, writing the ward "per IMMEDIATE CAUSE (a) Heart failure Cor pulmonale over 2 yrs duy Canditians, if any, which gave over 2 yrs. (b) Pulmonary fibrosis rise to immediate cause (o), = DUF TO stoting the underlying couse pup 0.5 be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? remayal, NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 3 shauld PRIMARY Or CONTRIBUTING 10 CAUSE OF DEATH. crematian, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Nat While Haur a.m. factory, street, affice bldg., etc.) while at wark may be retained far yaur FUNERAL DIRECTOR: Page at wark 21. I certify that I took charge of the remains described above, held an Autapsy , Inspection x, Inquiry , and in my opinion death resulted fram: Natural sauses X. Accident Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE the funeral DEPUTY MEDICAL EXAMINER X EXAMINER'S John Keloe, M.D. Riverdale, Md. 2-27-67 Health Address (Street, city, tawn, ar caunty) 23c. NAME OF TEMETERY OR CXXXXXX St. John's Church 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) Md. 0 3/1/67 Bull (Specify) Belt ville 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR VR A15ME (5) Francis Gasch's Sons Hyattsville, Md. 6M 1/67 Charles

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VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1. PLACE OF DEATH						AL RESIDENCE (Where decease			nce befare	admission)
o. COUNTY P	rince Geor	ge	MARY	'LAND	a. Si	Mar Mar	yland	b. C	Pr	ince	George
b. CITY OR TOWN	If outside corparate limit give nearest tawn)	rs,	C LENGTH OF STAY II	N 1b		OR TOWN (If or			_	ve nearest	tawn)
			D. O. A.	-10	La	nham S	evern	Rd.	Bowie	/	6.1
d. NAME OF HOSPI Prince C	al or institution (if neorge Gen	ot in haspitol, g eral Ho	ive street address) ospital			E D #	l Box	318			IS RESIDENCE ON A FARM? S NO X
3. NAME OF DECEASED (Type or print)	WESLE	Y	HARGIS	Т		NES	4. DATE OF DEATH		Month	15,	Year 67
S. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIĘD DIVORCED			g. 10,		AGE (In years) Months		Haurs Min.
10a. USUAL DCCUPATIO	(Give kind af work dane lite even if retired)		ND DE BUSINESS DE DUSIRYTIES	ervio	11. BIR	THPLACE (County \mathbf{Ar})	& State, or fore			OUSTRY?	
13. FATHER'S NAME	J	ones			14. MD	THER'S MAIDEN Unkno		SAL			tika
	R IN U.S. ARMED FDRCES? (If yes give way do les		SOCIAL SECURITY ND. 4 34 9480		FORMAI Ldre	d K. J	one s		ddress	(wife)
Canditions, if any rise ta immedia stating the under last.	, which gave e cause (a), rlying couse	(c)		iga		ie (dr	cine	ma	2	yhrs.
PART II. OTHER S	GNIFICANT CONDITIONS (ONTRIBUTING T	O DEATH BUT NOT RELA	ATED TO TH	IE TERMI	NAL DISEASE (OI	NDITION GIVEN	I IN PART 1(a)		19. W P YES	VAS AUTOPSY ERFORMED? NO
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HDW INJURY OC	CURRED. (E	nter nat	ure af injury in	Part I ar Part	Il of item 18.))		
2Dc. TIME DF INJ Haur a. p.	10	20d. IN While at wark	JURY OCCURRED Nat While at wark			JRY (Home, farn affice bldg., etc.)		(City ar town) (Co	ounty)	(State)
	fy that (1) (this has eceased alive an_		led the deceased		death	accurred at	9, ta		5, 19g es and an t	67ha the date	t (1) (we) la stated abav
SIGNATURE	tons	ac	Tise	M.D.	PHYS		MED. DIRECTOR [STAFF PHYS.	□ 2/	16/6	
22c. PHYSICIAN'S NAME (Type	Henry A.	Wise	, M. D.		123	008 ^{SS} 9th	Stree	t Bow	vie, M	d.	
23a. BURIAL, CREMATI REMOVAL (Specifi Burial			23c. NAME OF CEME Arlington	TERY OR C	i ona	1	23d. LDC Arl	ATION (City or ington	Town) Vir	(County) ginia	(State)
24. FUNERAL DIRECTO			ADDRESS	1.3			BY REGISTRA		REGISTRARS	SIGNATURE	Judge
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. death. 2. USUAL RESIDENCE (Where daceased lived, If Institution: Residence before admission) PLACE DF DEATH a. CDUNTY b. COUNTY by the fine Pages 1 urs after after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearly) c. CITY DR XOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b town = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? YES ND completely carbon NAME DE DATE 4. Month DECEASED event. (Type or print) DEATH OATE OF BIRTH and con 6. COLOR OR RACE 7. MARRIED 7 NEVER MARRIED 8. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months I any Days Hours WIDOWED A DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) = 10b. KIND OF BUSINESS OR Nysician please r BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired and COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAME ed by the attending transit permit. T Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause INTERVAL BETWEEN burial-transit burial, crema DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed Conditions, If any, which peen gave rise to immediate the or ro DUE TO cause (a), stating the prior underlying cause last has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health PERFORMED 3 certificate CERTIFICAT ND PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) After this certif 1 be detached for State Dept. of F DR CONTRIBUTING CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE DF INJURY (Home, farm, I (State) (County) factory, street, office bldg., etc.) Hour a.m. After Id be d Not While p.m. 19 at work at work DIRECTOR: A age 3 should led with the S 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22a. SIGNA DANE SIGNED director, page 3 ATTENDING M.O. DIRECTOR FUNERAL PHYSICIAN'S 22d. NAME (Type) BURIAL, CREMATION. 23b. DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY 23a. 234. LOCATION (City, town or county) (State) 0 REMOVAL (Speelfy) FUNERAL IOTREC TOR 25a. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE ADDRESS VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. death funeral 1 ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b COUNTY ompletely filled in by the fur ve carbon papers. Poges 1 event, within 72 hours after INACO MARYLAND c. LENGTH OF STAY IN 16 outside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn) d. STREET ADDRESS e. IS RESIDENCE NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? ond completely filled DAKDALE NO the attending physicion ond completely finite of the please remave carbon NAME OF Middle DATE Dov Year DECEASED (Type or print) DEATH 19 AGE (In years R 1 YEAR IF LINDER 24 HR 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) Month Days Haurs in any DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most af working life, even if retired) INDUSTRY COUNTRY? poo RCINI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remove HART WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SAME (Yes, no. or unknown) (If yes give war ar dotes of service buriol, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) burial-transit ONGET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by physician DUE TO Canditians, if any, which gave rise to immediate cause (a), DUF TO stating the underlying cause Poge 4 moy be retained by the hospital or attending os the has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Heolth NO YES this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II af item 18.) OR CONTRIBUTING [CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detache shauld be filed with the State Dept. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year (County) Hour a.m. factory, street, office bldg., etc.) While Not While at wark TO FUNERAL DIRECTOR: After at work 21. I certify that (I) (this haspital) attended the deceased fram 19 6 /. that (1) (we) last 730M, fram causes and an the date stated above. saw the deceased alive and and that death accurred at 22g. SIGNATURE 22b. DAJE SIGNED **ATTENDING** STAFF PHYS. DIRECTOR M.D. PHYS. 22d. **ADDRESS** 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. LOCATION (City (State) REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL/DIRECTOR VR A15 (4) 20 M 1/66

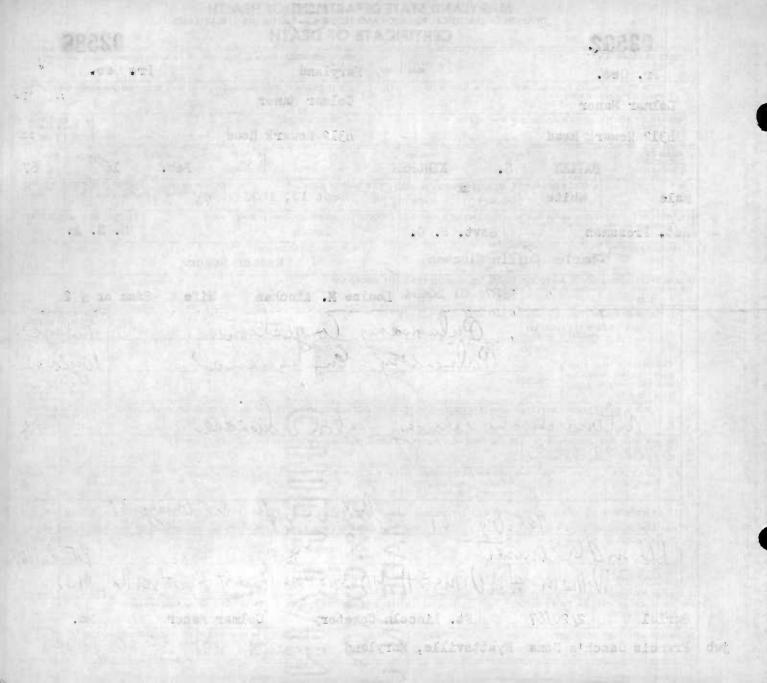
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Marvland MARYLAND Pr. Gee. b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) Colmar Manor Colmar Manor d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS INSTITUTION 4312 Newark Read . = NAME OF First Middle Last filled DECEASED KINCHEN BATLEY S. (Type ar print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Male White WIDOWED | DIVORCED [7] papers. ŧ, №a. USUAL OCCUPATION (Give kind af wark done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State ar fareign country) Reta Pressman Govt. P. O. Texas o bai 13. FATHER'S NAME Charles Ruffin Kinchen 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 579 01 2069A Louise K. Kinchen no death 18. CAUSE OF DEATH [Enter only one cause per line for (a), fu), and (c).] I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO hat Candilians, if any, which gned gave rise to immediate DUE TO cause (a), stating the underlying cause last PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY buriol 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED Manth, Day, Year factory, street, affice bldg., etc.) MEDI Haur a. m. While Nat while at wark at wark p. m 21. I certify that (I) (this haspital) attended the deceased fram. 196 saw the deceased alive on 22a SIGNATURE ATTENDING M.D. PHYS. DIRE 22c. PHYSICIAN'S 22d. NAME (Type) FUNER 3 page 3 the Stat 23b. DATE THEREOF 23c, NAME OF CEMETERY 23a. BURIAL, CREMATION, Ft. Lincoln Cemetery 24. FUNERAL DIRECTOR'S SIGNATURE

e. IS RESIDENCE ON A FARM? 4312 Newark Read YES NO NO 4. DATE Month Day Year 16 DEATH Feb. 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 73 birthday) Manths Days Haurs Sept 13, 1893 12. CITIZEN OF WHAT COUNTRY? U. S. A. 14. MOTHER'S MAIDEN NAME Hester Rogers Address Wife Same as # INTERVAL BETWEEN Clock PERFORMED? YES NO X 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) , and that death occurred a Less M, from the causes and on the date stated above. 22b, DATE DIRECTOR PHYS. 23d. LOCATION (City, tawn, ar caunty) (State) Colmar Manor Md. 25b. REGISTRAR'S SIGNATURE 25e REC'D BY REGISTRAR Francis Gasch's Sons Hyattsville, Maryland

b. COUNTY Pro Gee.

Jwb 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02593 CERTIFICATE OF DEATH completely filled in by the funeral and 2 requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH g. STATE o. COUNTY Prince George's Maryland Prince George's papers. Pages 1 hin 72 hours after MARYLAND LITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Mitchellville Cheverly 31 days e. IS RESIDENCE ON FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Prince George's General Hospital Route #1, Box 1106 NO [3 NAME OF 4 DATE Lost Doy Year DECEASED DEATH King Feb. (Type or print) Everett Lee IF UNDER 1 YEAR 9. AGE (In years S SEX B. DATE OF BIRTH IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED and in our White 4/27/07 59 Yrs. Male 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY ?U. during most of working life, even if retired) Virginia Tobacco attending physician S. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME remaya Edward King Mary Jane Linkous Address 3418 Alameda 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Margaret Elizabeth Francis-Arnold, Md permit. (Yes, no, or unknown) (If yes give wor or dotes af service) crematian, B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I, DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), asistrec DUE TO stoting the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending as the TO FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES XX NO. far 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (Stote) 2Dr. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram Jan. 15, 1967 to Feb. 16 , 1967, that (1) (we) last saw the deceased alive an Feb , 16 . 1967, and that death accurred at 5:40 M, from causes and an the date stated above. MEDAM 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** X directar, page 3 shauld be filed v M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR Ritchie Bros. Upper Marlboro. Md.

23o. BURIAL, CREMATION, Burla Tpecify)

23b. DATE THEREOF

2/18/67

ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

George William Ware, M.D.

Washington Nat'l Cem-2So. REC'D BY REGISTRAR

Suitland 1967

Md.

(Stote)

MAR

23d. LOCAT ON (City or Town)

25b. REGISTRAP'S GIGNATURE

(County)

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02594 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH a. COUNTY ^{o. ST}₩irginia b COUNTY prent of Prince George's MARYLAND b. CITY OR TOWN (If outside carparate limits, c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b PM3 write RURAL and give neorest tawn)
Cheverly DOA North Arlington d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Office along with form 1510 N St. Prince George General Hospital NO X This certificate should be executed within 24 hours ofter deoth. Middle 4 DATE Month DECEASED ond 2 with, the 20 19 67 Edward King (Type or print) George DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR birthday) Manths 1-29-1942 WIDOWED DIVORCED Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY? INDUSTRY UTO MOBILE VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EDMONDS CECIL PAULINE IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor ar dates af service) 16. SOCIAL SECURITY NO 17. INFORMANT 2.522 MARLBORO AU LANDOVER, MD PATRICIA ANN KING 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN event v PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (6) Decerebration DUE TO compound skull fracture Canditions, if any, which gave (b) and multiple fractures of limbs, ribs and pelvis rise to immediate couse (a). = DUE TO stating the underlying cause o so PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? removal, certificote, NO 🔽 20a. EXTERNAL CAUSE WAS PRIMARY L**X**or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II af item 1B.) 3 should cremation, or **EXAMINER:** CAUSE OF DEATH Struck by train 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Tandover, Maryland While of work of work of Penna, R.R. Tracks, 2 posts So. of Post 128, factory, street, affice bldg., etc.) may be retained far your FUNERAL DIRECTOR: Page please execute 3 . 35am p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry , and in my opinion Notural couses Accident x Suicide | funeral directar. deoth resulted from: Undetermined monner Homicide ACTUAL 22. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Kehoe, M.D. Riverdale, Md. John Address (Street, city, town, ar county) 2-21-67 NAME (Type) the 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 0 23 FEB 1967 MIDDLEBURG CEM RG-INIA, 24. FUNERAL DIRECTOR
W. W. EHAMBERS 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/67

MAKILAND STATE DEPARTMENT OF REALTR

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H.S. Seacks, Standards St. H.S. Seacks, St. Aug. 1988.

irian and campletely filled in by the funeral lagse remave carban papers. Pages 1 and 2 and 1m any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02595

CERTIFICATE OF DEATH

02589

1967

DATE

_											1611	
1.	PLACE OF DEATH					2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY Pro Georges						
	o. COUNTY	Prince Geor	rees	MARYLAND		o. STATE Mary	rland	d B. COU	Pro	Geo	rges	
_	b. CITY OR TOWN (If outside corporate limi		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					t town)	
	write RURAL and	give neorest town)		2 months		College Park, Md. //-/						
	d. NAME OF HOSPIT	AL OR INSTITUTION (If r	not in hospitol, g	give street oddress)		d. STREET ADDRESS					e. IS RESID	ENCE
	Prince	e Georges 1	lospital	ı		4606 Kier	nan	Noad				NO K
3.	NAME OF	F	irst	Middle		Lost	4. DAT			Doy	Yeo	ır
	(Type or print)	Не	len	Marie		King	OF DEA	ATH FEBR	UARY		8 19	67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	11	. DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UNDER	
	female	white	WIDOWED	DIVORCED [Jan 21, 191	.9	last birthdoy) 48 yrs.	Months	Doys	Hours	Min.
		(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, o	or foreign country)		ITIZEN OF OUNTRY?		
100		ng most of working life, even if retired) NDUSTRY OWN home			West							
13	3. FATHER'S NAME				14. MOTHER'S MAIDEN I							
		Elby Ralst	con			Carrie	Jone	es				
		R IN U.S. ARMED FORCES		SOCIAL SECURITY NO.	17. 11	NFORMANT		Addı	ess	9.94		
()	es, no, or unknown)	(If yes give wor or dotes	of service) 2]	19 03 9299	Ja	mes B King	sr	College	Park.	Md.		
-										ERVAL BET	WEEN	
		PART I. DEATH WAS CAUSED BY:									SET AND D	
	IMMEDIATE CAUSE (0) HRCINOMA 10815 - GENERALIZED							+				
	Conditions, if ony, which gove (b) CYSTADENOCARCINOMA OF THE.											
	Conditions, if ony		(b) C45	STADENO	0	ARCINON	LA	OFTH	HE.			
	rise to immediate couse (0), stating the underlying couse				-							
	last. OUARIES.											
	PART II OTHER S	GNIFICANT CONDITIONS		TO DEATH BUT NOT RELATED			NDITION (GIVEN IN PART 1(o)		19.	WAS AUTO PERFORM	PSY
2		MBOCY					A	MIRED				ED?
3	20o. ACCIDENT WA			SCRIBE HOW INJURY OCCUR					-	1'	13 [_]	NO DE
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	209. 00	SCRIBE HOW INJURY OCCUR	KED. (ciner notore of injury in	rois i oi	ron n or nem 10.)				
MEDICAL	-	URY Month, Day, Yeor	20d. II	NJURY OCCURRED 20e	. PLAC	E OF INJURY (Home, forn	n, 20	of. (City or town)	(0	ounty)		Stote)
	Hour o.	10	While of work		focto	ory, street, office bldg., etc.)					
	21 L corti	11.	1 01 901	ded the deceased from	2/1	-20-	47	, to 2 -8	19	67 1	nat (I) (wel le
		eceased alive on_	2 + 2	7 196 7 and	that	death accurred of						
	220. SIGNATURE	eccused dilve oil_		1/2 / 4/10	17101	304111 41141110	/			DATE SIGN		
	200	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Has	24.5	M.D	ATTENDING PHYS.	MED. DIRECTO	R PHYS. [7 2.	-8-	67	
	22c. PHYSICIAN'S	CACHO /GI	1	free	111.0	22d. ADDRESS	DIRECTO	11173.	- 0		-1	
	NAME (Type		B Haga	n		River	rda Le	e Md.				
23	o. BURIAL, CREMATI	ON. 23b. DATE TO		23c. NAME OF CEMETERY	OR			LOCATION (City or To	own)	(County) (5	tote)
-0	REMOVAL (Specify	4)		Meadowridg				rsey		,,	Mo	
2	Burial 4. FUNERAL DIRECTO	Febll,	1967	ADDRESS	, -	2So. REC'I			EGISTRAR'S	SIGNATIII		

Hyattsville, Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and directar, page 3 shauld be detached far use as the burial-transit permit. Then places for shauld be filed with the State Dept. at Health prior ta burial, crematian, ar removal, and the analysis. VR A15 (4) 20 M 1/66

F. Gasch's Sons

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02596

CERTIFICATE OF DEATH

0250A

4 24										COLUMN TO STATE OF THE STATE OF
ours after death. by the funeral Pages 1 and 2			LACE OF DEATH			2. USUAL RESIDENCE	Where deceased liv		Residence befare	admission)
une r di	21	C	COUNTY Prince G	oongo la	MARYLAND	o. STATE	land	b. COUNTY	nce Geo	mag ! c
nours after by the fur s. Pages 1 hours after		ŀ	CITY OR TOWN (If outside corpore	te limits	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside cornorate lim	its write RURAL o	and give negrest	tawn)
s a			write RURAL and give nearest to	wn)				,	11	/
by p			Cheverly		15 hrs.		verly		16-1	
in in 2h		0	NAME OF HOSPITAL OR INSTITUTION	ON (If nat in haspital,	give street address)	d. STREET ADDRESS			е	ON A FARM?
filled filled thin 72	74		Prince Geor	gels Cener	cal Hospital	6341 1	andover	Road	١	ES NO
语言	//	3 1	IAME OF	First	Middle	Last	4. DATE	Month	Day	Year
wit bar		[ECEASED				OF			
de de la company	1	_	(ype ar print)	Ann	J.	Langtry 8. DATE OF BIRTH	DEATH	(In years IF	UNDER 1 YEAR	19 6 7 IF UNDER 24 HRS.
we we)	S. S	EX 6. COLOR OR R		NEVER MARRIED	a. DAIL OF BIKIN		1	onths Doys	Hours Min.
Xe X			Female Cauc	WIDOWED	DIVORCED	11-11-86	80	yrs.		
and rel		10o.	USUAL OCCUPATION (Give kind of wo	rk done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (Count	y & Stote, or foreign o	ountry)	12. CITIZEN OF	
e b		duri	ig most of working life, even if retire Housewife	d) II	IDUSTRY	Lawrence	e, Mass		COUNTRY?	
sició olec , ar		13	FATHER'S MAME			14. MOTHER'S MAIDEN	NAME			
tifi value		,	Martin Con	neill		Elizabe	th Mulh	olland		
g F The The					and the second training the	ANCORMANY		4.4		
e death certificate be executed within 24 ho attending physician and completely filled in permit. Then please remove varban papers. an, or removal, and in any levent, within 72 h		15. (Ye	WAS DECEASED EVER IN U.S. ARMED (, no_or unknown) (If yes give wor on the control of the contro	ORCES? 16.	SOCIAL SECURITY NO.	. INFORMANT	3 347 3	,6555		rborn
affendi permit. ian, or r		(,,,,	No	72	3-07-3430	Ar. Harvey E	. Wood	Br	Falls	Ch. Va
	3 1		18. CAUSE OF DEATH (Enter only	one cause per line fai	(a), (b), and (c).)	(Son-in-law	. \		INTE	RVAL BETWEEN
t tr tisc	25		PART I. DEATH WAS CAUSED	BY: E CAUSE (a)	HOCK	(DOIT-TIFFEA)	')		ONS	SET AND DEATH
ere tra			451X IMMEDIA	DUE TO				12.12.		100
quires that the physician signed by the burial-transit burial, cremat			Conditions, if any, which gave	1	FEMORRHAG	F			15	3 HRS
phy phy sign suri	30		rise ta immediate cause (o),	(b)	CONTONICATION	0				
			stoting the underlying cause	1	BUPTUPE:	DABDOMINI	MI HALE	TIP VKM	1 18	HLS
e law retending as been as the priar ta			last.	(c)						
	1	Z	PART II. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED 1	O THE TERMINAL DISEASE CO	ONDITION GIVEN IN	PAKI I(a)	19.	WAS AUTOPSY PERFORMED?
AN: That are all are are icate he far use Health	or.	CERTIFICATION							YE	S NO
		E	20a. ACCIDENT WAS UNDERLYING □	205. D	ESCRIBE HOW INJURY OCCURRI	D. (Enter nature af injury in	Port I or Port II of	item 18.)		
	7. 8	ER.	OR CONTRIBUTING CAUSE OF DEA							
by the haspit frer this certi be detached State Dept. a		MEDICAL	20c. TIME OF INJURY Manth, Day		NJURY OCCURRED 20e.	PLACE OF INJURY (Hame, far	m, 20f. (City	or town)	(Caunty)	(State)
he this		MEDI	Hour o.m.	While	Nat While at wark	factory, street, office bldg., etc)			
No ty the ter		-	p.m.	19 at wor	k 🗀 at wark 🗀	2-10	1007	2-19	10 67 AL	a. / / / / / / / / / / / / / / / / / / /
			21. I certify that (1) (t saw the deceosed alive	nis haspital) atter	ded the deceased fram	2-10	622 10		., 19, In	or total change
ATTER etaine CTOR: shaul			saw the deceased alive	on	2 19 07, and t	nat death accurred a	1 135 pm, 110	im causes and	22b. DATE SIGN	e stoted above
A to C at it			22a. SIGNATURE	V1.	< 1	ATTENDING	MED.	STAFF -		
OR ATTENI be retained DIRECTOR: A ge 3 shauld led with the			Nonu	au//	Jelia -	M.D. PHYS.	DIRECTOR	STAFF PHYS.	Jek 2	0,1967
A ≥ 68 = = = = = = = = = = = = = = = = = =	1		22c. PHYSICIAN'S			Prince Ge	eorge's G	eneral H	lospita.	1
RA L	/		NAME (Type) Norman	K. Bohrer	, M. D.		0		*	
TO HOSPITAL OR ATT Page 4 may be retain TO FUNERAL DIRECTO director, page 3 sha shauld be filed with		230		DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	N (City or Town)	(Caunty)	(State)
og o	0		REWORK (Specify)]	/22/67	Cedar Hil	1 Cemetery	Suit	land, M	larvlar	nd
5-5	R	24	FUNERAL DIRECTOR NO 7 7	1110	ADDRESS NA + T	ainier, 25a. REC	D BY REGISTRAR	2Sb. REGIST	RAR'S SIGNATUR	E
VR A15 (4)	S	T	FUNERAL DIRECTOR Nalle	rnc.	Mar Vlan	Grant or b	n n n 40	OF WELL	10-110-1	les days

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	Tolerand Landing Co.	
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Maria de maria		
	a prince of the last of the la	AL TRAINER . BOTTON TO

Rinaldi Funeral Home, Inc. 7400 Ga. Ave., NWEER

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	E OF DEATH		ICAL EXAMINER'S	1 2 USUAL DESIDENCE	Where deceased lived, if inst	titution: Posida	2591	201
U. ((UNTY			a. STATE	, b. C	OUNTY		
L (1	Prince George	'S	MARYLAND	Maryland		ntgomer		
D. CI	Y OR TOWN (If autside carporate limite RURAL and give nearest town)	IITS,	c. LENGTH OF STAY IN 1b		utside carparate limits, write	RUKAL and give	nearest fawn)	
F	iverdale		DOA	Kensingto	n		15 0	2
d. NA	ME OF HOSPITAL OR INSTITUTION (IF	nat in haspital, g	ive street address)	d. STREET ADDRESS			e IS RESIL	DENCE ARM?
Le	land Memorial Ho	spital		10004 Cre	stwood Road			NO A
3. NAM	E OF	First	Middle	Lost	4. DATE N	Manth	Day Ye	ar
	ASED or print) Will	iam	Francis	Lawrence	OF DEATH 2		75 19	67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	s IF UNDER 1	YEAR IF UNDER	
Mal	e White	WIDOWED	DIVORCED	1-10-1916	last birthday	/	Days Hours	Min.
IDa. USU	AL OCCUPATION (Give kind of work don	ie 10b. Kir	ND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITI	IZEN OF WHAT	
Sal	ost of working life, even if retired) esman	Ked	ebler Biscuit	Albany.	New York	COL	UNTRY? JSA	
	HER'S NAME			14. MOTHER'S MAIDEN			7011	
D	eWitt Lawrence			Louise	Wilde			
IS WA	DECEASED EVED IN ILS ADMED EDDOES	? 16. 5	OCIAL SECURITY NO. 17.	INFORMANT	A A	ddress		Md.
(Yes, no	or unknawn) (If yes give wor or date:	s of service) 57	7-03-0564 Pa	ul I Clark	e 6841 Tre	vler Rd		
	CAUSE OF DEATH (Enter only one of			tar b. Otarr	to out ite.	ALLOI ICO	INTERVAL BET	
	DART I DEATH WAS CALLED DV		ary artery thi	combosis le	ft anterior	3.60	ONSET AND D	
	13: 1	JE TO	ary arcery cm	descend			minutes	
Car	ditions, if any, which gave	(b)		descend	Trig		manaco.	5
	to immediate couse (a),	JE TO						
last	ing the underlying cause	(c)						
	T II. OTHER SIGNIFICANT CONDITIONS		O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)		19. WAS AUT	OPSY
PAI		CONTRIBUTION					PERFORM YES X	IED?
PAI	THE STORT CART CONDITIONS						VEC X	NO I
PAI 20c		1 20h DES	CRIBE HOW INITIRY OCCURRED	(Enter nature of injury in	Part Lor Part II of item 18)	YES A	NO [
STIFICATION SUCCESSION	EXTERNAL CAUSE WAS MARY Or CONTRIBUTING	20b. DES	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Part I or Port II of item 18.)	YES X	NO [
CERTIFICATION (VI)	EXTERNAL CAUSE WAS WARY or CONTRIBUTING SE OF DEATH.					,	1	
CERTIFICATION CALL	EXTERNAL CAUSE WAS MARY \[\] ar CONTRIBUTING \[\] SE OF DEATH. TIME OF INJURY Month, Day, Yeor Hour a.m.	20d. IN While	JURY OCCURRED 2De. PL.	(Enter noture of injury in ACE OF INJURY (Hame, fari	m, 20f. (City ar tawn	,	1	(State)
MEDICAL CERTIFICATION OF THE STATE OF THE ST	EXTERNAL CAUSE WAS MARY or CONTRIBUTING SE OF DEATH. TIME OF INJURY Month, Day, Yeor Haur a.m. p.m. 15	20d. IN While at wark	JURY OCCURRED 2De. PL. Nat While at wark	ACE OF INJURY (Hame, fari	m, 20f. (City ar tawn	(Cau	unty)	(State)
MEDICAL CERTIFICATION	EXTERNAL CAUSE WAS MARY or CONTRIBUTING SE OF DEATH. TIME OF INJURY Month, Day, Yeor Haur a.m. p.m. 15	20d. IN While at wark	JURY OCCURRED 2De. PL. One of work of the object of the ob	ACE OF INJURY (Hame, farictory, street, affice bldg., etc	n, 20f. (City ar tawn	nquiry 🔀,	1	(State)
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MEDICAL CERTIFICATION MEDICAL CERTIFICATION ACCURATE	EXTERNAL CAUSE WAS MARY or CONTRIBUTING SE OF DEATH. TIME OF INJURY Month, Day, Yeor Haur a.m. p.m. 15	20d. IN While at wark	JURY OCCURRED 2De. PL. One of work of the object of the ob	ace OF INJURY (Hame, faritory, street, affice bldg., etceld an Autopsy 🕱, cide 🔲, Homicide CHIEF MEDICAI	Inspection X, I Undetermined EXAMINER	nquiry 🔀,	unty)	(State)
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MEDICAL CERTIFICATION WEDICAL CERTIFICATION WEDICAL CERTIFICATION WHITE WHI	EXTERNAL CAUSE WAS WARY or CONTRIBUTING SE OF DEATH. TIME OF INJURY Month, Day, Yeor Haur a.m. p.m. 15 21. I certify that I took chor death resulted from: Nature UAL NATURE ME (Type) John Kehoe WARNATIONE ME (Type) John Kehoe	20d. IN While at wark ge of the removal courses 2	JURY OCCURRED 2De. PL. for at work or some state of the s	ace of INJURY (Hame, faritory, street, affice bldg., etceld an Autopsy 🗶, cide 🔝, Homicide CHIEF MEDICAL M.D. ASSISTANT MEI DEPUTY MFDIC Address (Street	Inspection X, I Inspection X, I Inspection X, I Inspection X, I Inspection In	nquiry 🔀 ,	and in my 22. DATE	(State) opinior signed
WEDICAL CERTIFICATION WEDICAL CERTIFICATION ACC SIG EX. NA 230. BU	EXTERNAL CAUSE WAS WARY or CONTRIBUTING SE OF DEATH. TIME OF INJURY Month, Day, Yeor Hour a.m. p.m. 15 21. I certify that I took chor death resulted from: Nature MINER'S WE (Type) John Kehoe RIAL, CREMATION, 236. DATE T	20d. IN While at wark ge of the removal courses M.D.	JURY OCCURRED 2De. PL. for at work or some described obove, h	ACE OF INJURY (Hame, faritory, street, affice bldg., etc. eld an Autopsy X, cide , Homicide CHIEF MEDICAI M.D. ASSISTANT MEI DEPUTY MEDIC Address (Street	Inspection	nquiry x , I manner	and in my 22. DATE 2-16-6' (County) (S	(State) opinior SIGNED

VR A15ME (5) 6M 1/67

FOR STATE

PM3. Page

in pencil in Item 18. Give Pages 1, 2, and 3 ta

This certificate shauld be executed within 24 haurs after death. If

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, the funeral directar. Page 4 shauld be farwarded ta the Chief Medical Examiner's Office alang with farm

necessary, please execute the certificate, writing the ward

TO DEPUTY MEDICAL EXAMINER:

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		nother road	
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for a fighter, Mr.D. Historiale, Ed.

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FOR STATE HEALTH DEPT any delay is 1, 2, and 3 to PM3. Page State Department of

with farm

'pending" in pencil in Item 18. Give Pages 1,

the funeral directar. Page 4 should be farwarded to the Chief Medical Examiner's Office along

necessary, please execute the certificate, writing the word

5 may be retained far yaur files.

VR A15ME (5) 6M 1/67

TO DEPUTY MEDICAL EXAMINER:

Health priar ta burial, crematian, or remaval, and in any event within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2

This certificate should be executed within 24 haurs after death. If

02598

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02592

	1. PLACE OF DEATH				Where deceosed lived, if it		before admission)
	o. COUNTY Prince Georg	ole	MARYLAND	o. STATE Maryland	p.	COUNTY rince Geo	rgels
	b. CITY OR TOWN (If outside corporate)	imits,	c. LENGTH OF STAY IN 16		utside corporate limits, wri		
	write RURAL and give nearest tawn)		DOA	Brandyw	rino		16.1
	d. NAME OF HOSPITAL OR INSTITUTION (I			d. STREET ADDRESS	THE		l e. IS RESIDENCE
19				7. 7. 7.	0/1		ON A FARM?
	Prince George Gen			Rt. 1, Bc			YES 🛣 NO 🗌
	3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Doy Year
		exander		etcher	DEATH	2	27 1967
	S. SEX 6. COLOR OR RACE	7. MARRIED [8 DATE OF BIRTH	9. AGE (In ye		YEAR IF UNDER 24 HRS. Days Hours Min.
	Male White	WIDOWED	DIVORCED 🔲	9 March 191		yrs.	Jays 110013 14111.
	IDo. USUAL OCCUPATION (Give kind of work d	one 10b. KIN	ID OF BUSINESS OR	11. BIRTHPLACE (Stote			ZEN OF WHAT
	during most of working life, even if retired) Storeclerk	Grod	cery Store	Marylan	d		NTRY?
Н	13. FATHER'S NAME		5025	14. MOTHER'S MAIDEN		- Uai	J.A.PL.
	Alexander Letel			Douline	Wanalas		
	TO WINC DECENCED EVED IN U.C. ADMED CODE	TC2 1/ C	OCIAL SECURITY NO. 17.	Pauline	veneka	Address	
	(Yes_no, or unknown) (If yes give wor or do	tes of service)	ount second, i.e.				
	NO	578	8-03-4936 Be	etty Ellis	, Brandyw	ine, Md	
	18. CAUSE OF DEATH (Enter only one	couse per line for ((o), (b), ond (c).)				INTERVAL BETWEEN ONSET AND DEATH
90	PART I. DEATH WAS CAUSED BY:	USE (o) Gun	shot wound of	brain			ONSET AND DEATH
	9 1/ 4	DUE TO				-36 4 - 3	
	Conditions, if ony, which gove	(b)					
	rise to immediate couse (o), stating the underlying couse	DUE TO					
	last.	(c)					
	PART II. OTHER SIGNIFICANT CONDITION	1 2	D DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1	0)	19. WAS AUTOPSY
1	O TAKE II. OTHER SIGNIFICANT CONDITION	is contributino to	O DEATH DOT NOT KEENTED TO	THE PERMITTER DISEASE CO	Nomon orven in Fax	0)	PERFORMED?
'	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	L not Dec	COURS HOW WHILEY ACCURAGE	tr	5 . 1 . 5 . 0 . 6 . 1	0.1	YES X NO
H	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING	20b. DES	CRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of Item I	5.)	
	CHOSE OF DEATH.	Shot	self thru pal	late with. 22	2 cal, rifle	•	
	about OF INJURY Month, Doy, Yea			CE OF INJURY (Home, forr	n, 2Df. (City or tov	vn) (Count	ty) (Stote)
	1:00am p.m. 2-27-	19 67 of work		ome	Same as	#2	
	21. I certify that I took che						and in my opinion
М		turat dauses		ide 🔀 , Hamicide			
	deall resolved fram.	12	, Addeni , solo	CHIEF MEDICAL		d manner	
	ACTUAL	142	had	ACCICTANT ME	DICAL EXAMINER		22. DATE SIGNED
	SIGNATURE	7/16	NGT	M U.	AL EXAMINER TO		
2	EXAMINER'S John Kehoe	M.D.	Riverdale, Md		et, city, town, or county)	V2-57-03	2-27-67
1	TRAINE (Type)		23c. NAME OF CEMETERY OR		23d. LOCATION (City	or Town)	County) (Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02599 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) o. COUNTY o. STATE b. COUNTY delay is and 3 to 0 Prince George's MARYLAND Maryland Prince George's Stote Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 1h c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 2hrs. 25 min. Seat Pleasant Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) e. IS RESIDENCE ON A FARM? d STREET ADDRESS Office along with form YES NO X Give Poges Prince George General Hospital 7204 Rolling Ridge Drive be executed within 24 hours ofter deoth. 3. NAME OF Middle Year DECEASED (Type or print) Hattie M. LeVee DEATH IF UNDER 24 HRS IF UNDER 1 YEAR S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Item 18. (lost birthdov) Months Dovs Hours deoth. WIDOWED DIVORCED RECK 8 Syrs. 4-9-1881 Female White 10b. KIND OF BUSINESS OR 11. BtRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done COUNTRY ?TISA during most of working life, even if retired) ofter (INDUSTRY Virginia .5 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME 72 hours Charles Lunn Frances Holland _ 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Chief Medicol permit. (Yes, no, ocunknown) (If yes give wor or dotes of service) (Same) within 215-03-1549D Mrs. Alice L. DeMar INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) event \ PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (6) Congestive heart failure This certificate should icote, writing the word be farworded to the Ch DUE TO And uremia any Conditions, if ony, which gove (b) Due to Generalized arteriosclerosis rise to immediate couse (a). = DUF TO stoting the underlying couse puo SD lost. be used 19. WAS AUTOPSY PERFORMED? removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) execute the certificote, NO IX 20o EXTERNAL CAUSE WAS 20b. OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 3 shauld should PRIMARY Or CONTRIBUTING ar CAUSE OF DEATH files. cremotion, 20c. TIME OF INJURY Month, Oov, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While DIRECTOR: Page ot work ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x Inquiry x and in my opinion deoth resulted from: Notural eauses & / Accident Suicide Homicide Undetermined monner the funerol director. be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER EXAMINER'S John Kehoe, M.D. 2-23-67 Riverdale, Md. may Health Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL CREMATION 2 2/25/67. REMOVAL (Specific Baltimore Cemetery Baltimore, Md. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) Leonard J. Ruck, Inc. Balto. Md. 21214 4 Charles 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02600 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Mary land MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town b. CITY OR TOWN (If autside carparate limits c. LENGTH OF STAY IN 16 write RURAL and give nearest town Andrews AFB Temple Hills IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS USAF Hospital Andrews 4922 Temple Hills Rd YES NO 3. NAME OF Middle Last 4. DATE Doy Year physicion and completely en please remove corbon DECEASED Charles Long 19 67 Edward February DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Dovs June 3, 1888 Male Cavo WIDOWED DIVORCED 78 Yrs. 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY 3 during most of working life, even if retired) INDUSTRY China Grove, N.C. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ester James S' LONG Meyers 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs. T. E. Goodwin (Dau) Temple Hills Md (Yes, no, or unknown) (If yes give wor or dotes of service) 579-05-5919 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Passive Congestion of IMMEDIATE CAUSE (o) signed by DUE TO buriol-t Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? CERTIFICATION NO X YES PHYSICIAN: for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Hour o.m. Not While factory, street, office bldg., etc.) 21. I certify that (1) (this hospital) attended the deceased from Feb. 19, 1967, to Feb. 25, 1967, that (1) (we) lost 25 19 67, and that death occurred at 200 PM, from causes and on the date stated obove. sow the deceased alive on Feb 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. 25 Feb 67 DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL E. LANGDON, LtCol. MC. USAF USAF HOSPITAL ANDREWS ANDREWS AFE director, should b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Milarles VR A15 (4) 20 M 1/66 DATIFEB Bres. 1661 Good Hope Rd. S.E.

O. R. Liberton, Vacol, 197, Deal, William Branch and Market

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02601	CERTIFICATE	OF DEATH		2595
1. PLACE OF DEATH			Where deceosed lived, if institution: R	esidence before admission)
o. COUNTY Prince George!	S MARYLAND	a. STATE Mary	b. COUNTY	Prince George!
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		tside corporote limits, write RURAL o	nd give nearest town)
write RURAL and give nearest tawn) Riverdale	6 days	E. River	rdale	16-1
d. NAME OF HOSPITAL OR INSTITUTION (If nat		d. STREET ADDRESS	MATC	e. IS RESIDENCE
Eugene Leland Memori	al Hognital	6308 60th	Avenue	ON A FARM? YES NO TO
3. NAME OF First		Lost	4. DATE Month	Doy Year
DECEASED			OF DEATH 2	
	7. MARRIED NEVER MARRIED	Loyd 8. DATE OF BIRTH	9. AGE (In years IF I	JNDER I YEAR IF UNDER 24 HRS.
	WIDOWED DIVORCED		last birthday) Mo	nths Days Haurs Min.
Female White Oa. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	10-9-02	& State, or fareign country)	12. CITIZEN OF WHAT
du in the state occurration (dive kind of work done	OwnsHome	, ,		COUNTRY
13. FATHER'S NAME	O W. 210220	N. Carol:	ina - Warren Co	· U.S. A.
Walter Stevenson	Til seem escuriti No. 137	Lena Hor		
15. WADD CDASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknawn)	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
Wilking with	7241 00 1040 Ja	mes Loyd, 68	360 Riverdale Rd	
1B. CAUSE OF DEATH (Enter only one cause PART I, DEATH WAS CAUSED BY:		- 4 5 4 5		INTERVAL BETWEEN
IMMEDIATE CAUSE (a	ACUTE MY	OCAR DIAL	INFARCTION	6 ONSET AND DEATH
4201 DUE TO) (= 1 10:	1.1	0.00	Dickers of
Conditions, if ony, which gove (b)	GEN. ARTE	RIOSCLERO	1361	UNKNOWN
stoting the underlying cause DUE TO				
last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
20o. ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in I	Port I or Port II of item 1B.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Day, Year Hour o.m.	20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form	, 20f. (City ar tawn)	(County) (Stote)
Haur o.m.	While Nat While fact	tory, street, affice bldg., etc.)		
p.m.	ital) attended the deceased fram_	2-20 1	9 67, ta 2-26	19 67 that (1) (wa) la
saw the deceased alive an	2-26 19 67 and the	it death accurred at	3:10AM, fram causes and	on the date stated abov
22g. SIGNATURE	T/ TI / Grid file	/		22b. DATE SIGNED.
C. 1. H.	OULIAN M.	.D. PHYS.	MED. DIRECTOR PHYS.	226.67
22c. PHYSICIAN'S		22d. ADDRESS		
NAME (Type) C-J-HO	UMANN		RIVERDALE	MD.
23a. BURIAL, CREMATION, 23b. ,DATE THERI	EOF 23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City ar Town)	(County) (State)
23a. BURIAL, CREMATION, 23b. DATE THERI 2/28/6	7 Fairview		Warrington	Warren Md.
24. FUNERAL DIRECTOR	ADDRESS	2Sa. RFC'I		AR'S SIGNATURE
Francis Gasch's Sons				Charles Judge
		DAIL	W - WUI X	- WILLIAM VALAGE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, or remayal, and in any event, within 72 hours offee death.

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02602 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH attending physician and campletely filled in by the funeral permit. Then please remove-carban papers. Pages 1 and an, or removol, and in any event, within 72 haurs after deat o. COUNTY Prince George's o. Maryland Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 2 days Beltsville d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince George's General Hospital 10401 - A - 46th Ave. YES NO EX 3 NAME OF Middle 4 DATE First Lost Month Dov Year DECEASED Russell R. Marsh Feb. 26, (Type or print) DEATH S. SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED SEL : NEVER MARRIED lost hirthday) Manths Hours White WIDOWED DIVORCED March 14, 1910 Male 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) construction LOUNTRY ? Albermerle County 14. MOTHER'S MAIDEN NAME Lillie Madison 13. FATHER'S NAME AleXander Marsh 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no or unknown) (If yes give war or dates of service) Russell Marsh Jr Beltsville, Md. 230 03 6475

19 67 IF UNDER 24 HRS. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Rovonaly occusion IMMEDIATE CAUSE (o) Canditians, if any, which gove rise ta immediate cause (a), stoting the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City ar tawn) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot wark ot wark 21. I certify that (1) (this haspital) attended the deceased from Feb. 24, 1967, to Feb. 26, 1967, that (we) last saw the deceased alive on Feb. 28, 1967, and that death accurred at 0.40 M, from couses and on the date stated above. 22b. DATE SIGNED 220. SIGNATURE ATTENDING M.D. PHYS DIRECTOR PHYS. 22c. PHYSICIAN'S NAME (Type) Frederick H. Wilhelm, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION 23b. DATE THEREOF (County) (Stote) Colmar Manor Pro REMOVAL (Specify) Ft Lincoln Cemetery "arch 2, 1967 Hyattsville, Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

signed by the burial-transit p burial, crematic as the Page 4 moy be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been for use Health directar, page 3 shauld be filed v

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02603 CERTIFICATE OF DEATH by the funeral s. Pages 1 and 2 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Maryland b. COUNTY PrinceGeorges Prince Georges attending physician and campletely tilled in by the rur permit. Then please remave carban papers. Pages 1 an ar remaval and finany event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Oxon Hill d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Tucker Road YES NO 1806 PrinceGeorges General Hospital 3. NAME OF Middle Lost 4 DATE Month Doy Year DECEASED (Type or print) DEATH Boy Mason Raby IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED Feb. 1967 Male Negro

100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY U.S.A. Prince George's, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME as the burial-transit permit. Then plansion to burial, crematian, ar remaval Alice Cecilia Jenkins Łważa Louis Sibney Mason 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service As above Mother INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying cause FUNERAL DIRECTOR: After this certificate has been irectar, page 3 should be detached for use as the hould be filed with the State Dept. af Health prior ta last. 19. WAS AUTOPS? PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES WE NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work . 1967 . ta Feb. 3 . 1967 , that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram Feb. 3 saw the deceased alive an Feb. 3 1967, and that death accurred & x 2xxxxx fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. XX were directar, page 3 should be filed v M.D. PHYS 22d ADDRESS 6201 Riverdale Rd., Riverdale, Md. 22c. PHYSICIAN'S John Perkins, M.D. NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Prince Georges Gen. Hosp. PG Maryland Cheverly 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADORESS 2So. REC'D BY REGISTRAR Michaeles Cheverly, DATEFEB Maryland Admin.,

The law requires that the death certificate be executed within 24 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02598 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02604 FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY o. STATE Page Maryland Prince George's Prince George's MARYLAND delay b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1b pup Cheverly DOA Takoma Park e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS State 6800 Red Top Road Prince George's Hospital be executed within 24 hours ofter death. I "bendina" in pencil in Item 18. Give Poges along with 3. NAME OF 4 DATE Middle Last Month DECEASED (Type ar print) John Huston Mathis DEATH February n years IFUND S. SEX 9 AGE (In years IF LINDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthday) Months Days Haurs white March 28, 1964 deoth. male DIVORCED WIDOWED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane 10h KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) COUNTRY? during most of working life, even if retired) INDIISTRY Baltimore, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME hours Kasandra Grindstaff Sammy M. Mathes 17 INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknawn) (If yes give war ar dates of service event within Parents, (same as #2) No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit m INSEL AND DEATH PART I. DEATH WAS CAUSED BY: Inhalation of smoke IMMEDIATE CAUSE (o) This certificate should execute the certificate, writing the word or. Page 4 should be forworded to the CP AND MIN WIX ony Conditions, if ony, which gave B urns - 90% of body surface minutes rise to immediate couse (a), = DUE TO stoting the underlying couse ds used 19. WAS AUTOPSY PERFORMED? removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION NO DE 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY For CONTRIBUTING CAUSE OF DEATH. pluods 0 Burned in fire of unknown origin. cremotion, MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (State) 20c. TIME OF INJURY Month, Day, Year Not While of Storage Toom of home: same as FUNERAL DIRECTOR: Page 7:50am 2-25-67 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X. Inquiry X and in my apinian Suicide . Hamicide . Undetermined manner death resulted fram: Natural Ouses Accident x funeral director. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED prior SIGNATURE pe DEPUTY MEDICAL EXAMINER 2-26-67 **EXAMINER'S** Add Riverdale, orMdw) John Kehoe, M.D. Heolth NAME (Type) 0 28,1967 25b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 n2599 02605 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATEM HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY delay is ond 3 to State Deportment of Prince George's

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland Prince George's c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Lanham 18 Give Poges 1, 2 along with farm d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6908 Heidelberg Road NO x Prince George General Hospital be executed within 24 hours after death. NAME OF Middle 4. DATE Month Year DECEASED 19 **67** IF UNDER 24 HRS (Type or print) Harry McManus DEATH 9. AGE (In years S. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours 72 hours ofter death. WIDOWED DIVORCED 14 Feb. 1923 in Item 18 pages lond 2 Male White execute the certificate, writing the word "pending" in pencil in Item 1 or. Page 4 shauld be forwarded to the Chief Medical Exominer's Office 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT **INDUSTRY** U COUNTRY? U S Government Dept of Agriculture West Virginia 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Mc Manus Elizabeth Warren permit. File 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) Audrey L. Mc Manus ony event within Lanham, Md. yes 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) Asphyxia This certificate should DUE TOOcclusion of airway Conditions, if ony, which gove (bFrom Carcinoma of larynx rise to immediate couse (o), stoting the underlying couse pup cremotion, or removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) moy be retained for your FUNERAL DIRECTOR: Page of work ot work Inspection x, Inquiry x, 21. I certify that I took charge of the remains described above, held an Autapsy ond in my opinion Noturol equises X / Accident Suicide . the funerol director. death resulted from: Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED prior ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Riverdale, Md. 2-2-67 John Kehoe, M.D. Health Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY ORCENEMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (Stote) 0 REMOVAL (Specify)
Burial Arlington National Arlington Virginia Feb 3, 1967 250. REC'D BY REGISTRAR 196 24. FUNERAL DIRECTOR ADDRESS 25h REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md.

VR A15ME (5) 6M 1/67

No. of States Assess

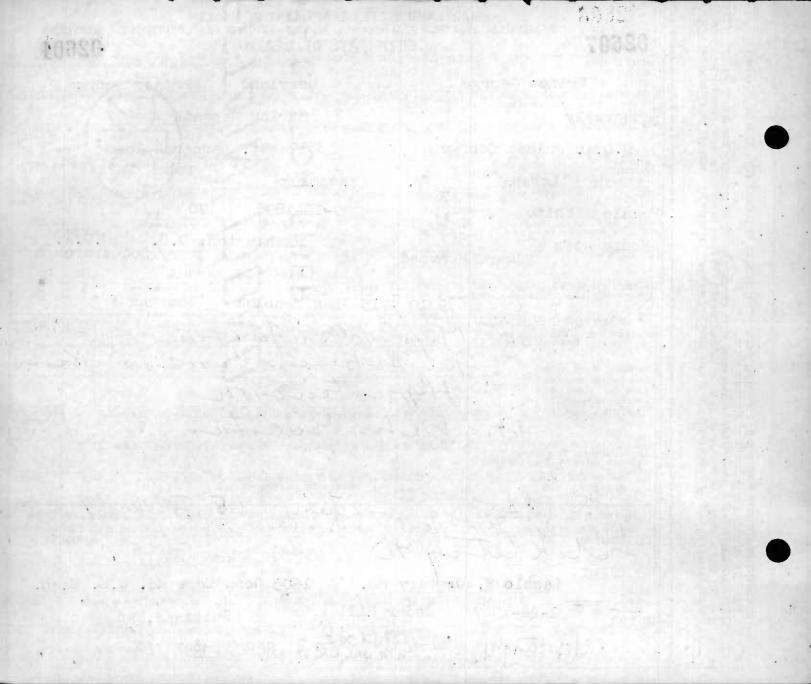
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02606 02600 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY filled in by the fune popers. Pages La thin 72 hours after d Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1h c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest tawn) Cheverly 60 days LaPlata d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? Prince George's General Hospital XX YES NO 2 3. NAME OF Middle 4. DATE carbon Lost Month Day Year DECEASED (Type or print) John McPherson 19 67 DEATH NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 9. AGE (In years 7. MARRIED B. DATE OF BIRTH birthdoy) Months Dovs Hours 8/4/66/ Male Colored WIDOWED DIVORCED 64 gud 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? chool Charles County 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Frank McPherson Elizabeth Norris remi . WAS DECEASED EVER IN U.S. ARMED FORCES? 3400 Addientoroly Terr. 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, ng, or unknown) (If yes give wor or dates of service Fradkick McPherson-Brother, Balti No INTERVAL BETWEEN ONSET AND DEATH IB. CAUSE OF DEATH (Enter only one couse per line for signed by the buriol-tronsit p buriol, cremati PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse the has been last. 50 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO certificote ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter-noture of injury in Port I or Part II af item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) O FUNERAL DIRECTOR: After this Hour 'o.m foctory, street, office bldg., etc.) Not While of work 21. I certify that (1) (this haspital) attended the deceased fram 12 - 9 1966 to 2-7 1967, that (1) (we) last be retained saw the deceased alive on 2-19 67, and that death accurred at 11:30PM, fram causes and an the date stoted obove 220. SIGNATURE director, poge 3 should be filed v DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) A. Garcia, M.D. Prince George's General Hospital 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Sacred Heart Cemetery Plata, Maryland Burial

24. FUNERAL DIRECTOR La 2Sb. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR VR A15 (4) Milarley Judge 25M 1/67 Funeral Home, Inc. - La Plata, Md. DATEFB



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Prince George Maryland Prince George MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) completely filled in by the carbon papers. Page, event, within 72 hours at C. LENGTH OF STAY IN 1b Cheverly Marlow Heoghts d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? 3817 Prince George Barnabas Road NOT executed within 3. NAME OF First Middle Last DATE Month 1987 21 Feb **OECEASEO** OF comple (Type or print) OEATH Lorena Meholek 19 5. SEX 6. COLOR OR RACE remove OATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS. 7. MARRIEO X NEVER MARRIEO last birthday) Months I Days Hours and 9-16-1896 White WIDOWED DIVORCED Female 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) rsician lease r 12. CITIZEN OF WHAT pe during most of working life, even if retired) Washington, D.C. House Wife death certificate 14. MOTHER'S MAIDEN NAME MALLY 13. FATHER'S NAME Goldsborough Edward Hunwood Mae Goldsborough 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address OF (Yes, no, or unkown) (If yes give war or dates of service) signed by the att purial-transit perm burial, cremation, o Same as John Meholek 18. CAUSE OF DEATH [Enter only one cause peraline for (a), (b), and (c). INTERVAL BETWEEN The law requires that the ONSET AND OFATH PART I. OEATH WAS CAUSED BY: **D HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that ti Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) been signed the burial-tr **OUE TO** Cenditions, If any, which (b) gave rise to immediate **OUE TO** cause (a), stating prior underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH certificate has the standard for use at the standard for use at the standard for the standa WAS AUTOPSY INAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMEO? NO [YES 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) r this certified detached for the Dept. of 1 MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While at work at work director, page 3 should the Should be filed with the S 21. I certify that (I) (the topoular attended the deceased from saw the deceased alive on and that death occurred at 105 PM, from the causes and on the date stated above. 22a. SIGNATURE 22b. OATE SIGNEO ATTENDING MED. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Lasz16 K. Csatary 1503 Good Hope Rd. S.E. MD. Wash. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2-24-1.96 Cedar Suitland, Md Burial **FUNERAL DIRECTOR** ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65



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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02609 CERTIFICATE OF DEATH be executed within 24 hours after death death the attending physician and campletely filled in by the funeral sit permit. Then please femave carban papers. Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY a. COUNTY o. STATE haurs after c. LENGTH OF STAY, IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If autside carparate limits. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM within 72 NO 4 YES NAME OF Middle DATE Year First Last 4 Doy DECEASED OF DEATH 19 (Type or print) IF UNDER 24 HRS (In years IF UNDER 1 YEAR S. SEX OF BIRTH AGE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days Hours DIVORCED and in any WIDOWED YIS. KIND OF BUSINESS OR BIRTHPLACE (Caunty & State, or foreign country) 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done 10b. during most af working life, even if retired INDUSTRY COUNTRY? PHYSICIAN: The law requires that the deoth certificate tou Selvor ou nTu MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar removal, d WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN (Yes no or unknown) (If yes give wor or dotes af service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by physician. DUE TO burial. Conditions, if ony, which gove rise ta immediate cause (a), DUF TO as the l stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been priar to ARTERIO-SCLEROT last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION BUT IN PART IN 19. WAS AUTOPSY PERFORMED? CERTIFICATION far use the State Dept. af Health NO YES 20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) shauld be detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INIURY (Home, farm, 20f. (City or town (County) (Stote) factory, street, office blace at wark 21. I certify that (I) (this hospital) attended the deceased fram. and that death accurred at 1113 M, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22a, SIGNATURE **ATTENDING** 7 M.D. DIRECTOR PHYS. PHYS. filed 22d. ADDRESS PHYSICIAN'S 22c. 808 NAME (Type) pe directar, shauld b (Caunty) (State) 23a. BURIAL CREMATION DATE THEREOF 23c NAME OF CEMEJERY OR CREMATORY LOCATION (City or Tawn) PEMOVAL (Specify)

24 FUNERAL DIRECTOR me 2) 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 2Sb. VR A15 (4) 20 M 1/66 B 3



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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13.	FATHER'S NAM	E			-	14. MOTHER'S MAI	DEN NAM	E					
100	Edward	Wentz			100	Loretta	McM:	etere					
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT	11011	13UCLS,	Address		6-1		
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~ :	02611 CERTIFICATE	OF DEATH	02605
filled in by the funerol n papers. Pages 1 and 2 ithin 72 hours after death.	1. PLACE OF DEATH o. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if instite o. STATE Maryland b. Co	itution: Residence before admission) OUNTY Pro Geo
ours aft	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Greenbelt, Md.	c. CITY OR TOWN (If autside carporate limits, write Bowie, Md.	16-1
94	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Greenbelt Nursing Home	d. STREET ADDRESS Box 151	e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
	3. NAME OF DECEASED (Type or print) MARY C	MULLIKIN DEATH FEB.	North Doy Year RUARY 6 1967 I IF UNDER 1 YEAR IF UNDER 24 HRS
	female white WIDOWED TO DIVORCED F	8. DATE OF BIRTH eb 19, 1871 11. BIRTHPLACE (County & Stote, or foreign country)) Months Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, eyen, if retired) 100. KIND OF BUSINESS OR INDUSTRY 11000 OWN home 13. FATHER'S NAME	Maryland 14. MOTHER'S MAIDEN NAME	COUNTRY? U.S. A
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	(Yes, no, or unknown) ((If yes give wor or dotes of service)	eo C Mullikin Edmonston,	
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONLY TO	ARRYthmiA	INTERVAL BETWEEN ONSET AND DEATH
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	Hour o.m. p.m. 19 While of work of work	CE OF INJURY (Home, form, 20f. (City or town) ory, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from J. sow the deceased olive on FEB 5, 1967, and that	t death accurred at 7^{23} A M, from cause	
	220. SIGNATURE HOWARD W. Janning M.E 220. PHYSICIAN'S NAME (Type) HOWARD M. TANNING, M.D	D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS	22b. DATE SIGNED 756 6, 1967
de	230. BURIAL, CREMATION, REMOVAL (Specify) Burial 2/8/67 2/8/67 Ascension Ca	atholic Bowie H	Pro Geo Md.
E	24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md		REGISTRAR'S SIGNATURE Yellowles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 02612 HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Prince George's o. STATE 2, ond 3 to PM3. Poge MARYLAND Maryland Prince George's b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (tf autside carparate limits, write RURAL and give nearest town) DOA Morningside Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? iner's Office olong with form Prince George's General Hospital 5613 Regina Court NO X in Item 18. Give Pages NAME OF Lost 4. DATE First Manth Day Year DECEASED 0F Katherine Mullins 2 19 67 Imogene (Type or print) DEATH S. SEX NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED last birthday) Manths Days Haurs 72 hours ofter deoth. WIDOWED DIVORCED 12-23-58 white female 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign cauntry) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Dependent Colorado USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within permit. File Harry F. Mullins Hilda I. Redden 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) within James C. Mullins 6236 Dallas Pl. Temple Hill the ward "pending" to the Chief Medica INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: buriol-tronsit ONSET AND DEATH event Asphyxia IMMEDIATE CAUSE (o). DUF TO ony Conditions, if ony, which gave Trapped in trunk rise ta immediate cause (a), forwarded to = DUF TO stating the underlying couse writing t and lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? removol, the certificate, YES X NO be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 3 should PRIMARY TO OF CONTRIBUTING 4 should cremation, or lid of trunk closed and locked with child in trunk CAUSE OF DEATH. 2 20e. PLACE OF INJURY (Home, form. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (Caunty) (State) YOUR While at work Not While at work factory, street, affice bldg., etc.) moy be retained for your FUNERAL DIRECTOR: Poge 1967 Morningside P.G. Md. home 21. I certify that I taak charge of the remains described above, held an Autapsy [X], Inspection X, Inquiry X, and in my apinian be retained for Accident X Suicide . death resulted fram: Natural causes Undetermined manner funeral directar, Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED prior 1 ASSISTANT MEDICAL EXAMINER SIGNATURE 2-10-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) John Kehoe M.D. Riverdale, Maryland Address (Street, city, town, or county) 23g. BURIAL CREMATION 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 0 REMOVAL (Specify) Arlington National Arlington, Virginia 25b. REGISTRAR'S SIGNATURY 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A 15ME (5) Robert E. Wilhelm Funeral Home 6M 1/67 4308 Suitland Road, Suitland Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 2, 10a, 14, 15, 16, Film G385, 2/15/67 mh OF DEATH 15/67 campletely filled in by the funeral ave carban papers. Pages 1 and 2 y event, within 72 hours after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY Prince George's Prince George's MARYLAND c. CITY OR TOWN (If outside carporate PANE write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b executed within 24 hours College Park 14 days e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 4604 Knox Rd. 1 Prince George's General Hospital YES NO F 3. NAME OF First Middle Lost DATE Year eb. DECEASED Albert R. Mumford (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Doys WIDOWED DIVORCED Male White July 13,1895 10a, USUAL OCCUPATION (Give kind of work done during most की working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be COUNTRY? INDUSTRY Mass. Reserch Electro Chemical Engineer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal, Albertina V. Shupe Charles Mumford (Yes, no, or unknown) (If yes give war or dotes of service) 5 7 - 9 SCIAL SECURITY NO. 17. INFORMANT 057-09-1895 Mrs Cora Mumford Same as D M. Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH burial-transit Myocardial infarction IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. DUE TO 2 weeks Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Rheumatic heart disease, gastric ulcer, diabetes mellitus YESKER NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20f. (City or town) (Stote) 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (I) (this haspital) attended the deceased fram Jan. 22, 1967, to Feb. 5, 1967, that (I) (we) last 1987, and that death accurred at 1:25 M, fram causes and an the date stated above saw the deceased alive an Feb. 5. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF Feb. 6, 1967 DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S William B. Gunther, M. D. 4917 Edgewood Rd. College Park Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23o. BURIAL, CREMATION, Cremation Lee's Crematorium 2/6/67 Washington D.C 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE

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	, MARYLAND STATE DEPARTMENT OF HEALTH	
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FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02614 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0260	8
HEALTH DEPT	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence be	efare admission)
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d within 24 in pencil in Examiner's File poges 17 hours offer	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
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ed in in in in in in in in in in in in in	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) 78 12 9947 Mrs. Margaret G. Myers Same a	110 A 16
executed nding" ir Medical E permit. I	(15 yes give war ar dates af service) 578 12 9947 Mrs. Margaret G. Myers Same a	s #2 (wife
This certificate should be executed within 24 icate, writing the word "pending" in pencil in be farworded to the Chief Medical Examiner's a be used os o burial-tronsit permit. File pages removal, and in any event within 72 hours often	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)	INTERVAL BETWEEN
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<u>+</u>	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)	
EXAMINER: cute the certificage 4 should r your files. Page 3 should cremotion, or	CAUSE OF DEATH.	(54-4-7
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UTY Plany, plany, plany, plans re RAL Prior	OFFICE PARTIES OF THE	2-19-67
DEPUTY MEDICAL EXAM sessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page	EXAMINER'S John Kehoe, M.D. Riverde le power aunty)	2-19-07
necessary, please e the funerol director 5 may be retoined TO FUNERAL DIRECT Heolth prior to burn	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR COMMENTED 23d. LOCATION (City or Town) (Cau	inty) (State) Md
	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA	
VR A15ME (5) (5)		
om 1/0/	Francis Gasch's Sons Hyattsville, Md. DATEFEB 23 1967 Charles	Jan Strange

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02615 CERTIFICATE OF DEATH death. executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b COUNTY MARYLAND Prince Georges crematian, or remaval, and in any event, within 72 hours after Prince Georges Maryland c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neorest town) Capital Heights Cheverly day cram and completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO IX Prince Georges General Hospital 415 59th Ave. Middle 4. DATE remave carban 3. NAME OF Last Month Doy Year DECEASED DEATH (Type or print) William Nallev Feb 18 TEUNDER LYEAR IF UNDER 24 HRS B. DATE OF BIRTH S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED Months lost birthdoy) Dovs Hours WIDOWED DIVORCED White 14 April 1905 Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? MARYLAND The law requires that the death certificate ROBFER

13. FATHER'S NAME EMPLOYED 6 SIDING 14. MOTHER'S MAIDEN NAME phy WILLIAM 16. SOCIAL SECURITY NO. 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Address permit. 4900 YOU ST. (Yes, no, or unknown) (If yes give wor or dotes of service) - 0825 FLORENCE 8-09 No M. NALLE RRADRURV INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p burial, cremation ONSET AND DEATH PART I. DEATH WAS CAUSED BY: RONCHOPNEU IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO as the prior to t stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? far use (Health p YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) ot work ot work , 19___, that (+) (we) last 21. I certify that (this haspital) attended the deceased from , 19 to and that death accurred at 11,15M Mom causes and an the date stated above saw the deceased alive on. 22b. DATE SIGNED 220 SIGNATURE ... ATTENDING MED. DIRECTOR M.D. PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S 3231 SUPERIOR LA BOWIE NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) BERIAL (Specify) WASHINGTON MT. OLIVET CEMI 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FLINFRAL DIRECTOR VR A15 (4) 20 M 1/66 FEB W. CHAMBERS RIVERDALE DATE

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IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		02616	M BURT	CERTIFICATE	OF DEATH		02610
		PLACE OF DEATH				Where deceased lived, if institution	
		o. COUNTY Prince	George's	MARYLAND	Maryland	Prince Geo	orge's /6-/
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		write RURAL and give ne Cheverly	eorest rown)	14 days	Greenbelt		
	(d. NAME OF HOSPITAL OR IN			d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
4		Prince Geor	ge's Genera	al Hospital	108 Lynbro	ook Court	YES NO
-		NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Doy Year
		(Type or print)	Lloyd	d Leonard Nel	son	DEATH Feb.	15 19 67
	S. S			RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
		Male Wh		OWED DIVORCED	9/26/04	62 yrs.	
		. USUAL OCCUPATION (Give ki	nd of work done	10b. Ki ng prans yress or Map ^{uSe} rvice %	11. BIRTHPLACE (County Talbot Co	& State, or foreign country) • • Md•	12. CITIZEN OF WHAT COUNTRY? A.
1			mer Nelso		14. MOTHER'S MAIDEN N	ma Leonard	
	15. (Ye	WAS DECEASED EVER IN U.S. s. no, or unknown) (If yes gi	ARMED FORCES? ve wor or dates of service	16. SOCIAL SECURITY NO. 17. II 577 18 9372 B	nformant ernice G. I	Nelson Same a	
		18. CAUSE OF DEATH (En	ter only one couse per li CAUSED BY: MMEDIATE CAUSE (o)	ine for (o), (th) and (c).)	nemmon	ia/Honnin	INTERVAL BETWEEN DISECTION DEATH
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		rise to immediate cause stating the underlying colost.		Kyperterinie	Carolin	- luxuelas ou	17lags 2 yeurs
2	ATION	PART II. OTHER SIGNIFICAN	IT CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO XX
	CERTIFICATION	20o. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSI (IF EITHER, NOTIFY MEDICAL	E OF DEATH	205. DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in	Port I or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Mor Hour o.m. p.m.	10		E OF INJURY (Home, form ory, street, office bldg., etc.)		· (County) (Stote)
		21. I certify that	(I) (this haspital)			9.62, ta <u>PUL 13</u> 10.51 M, fram causes a	that (I) (we) last and an the date stated abave
		22o. SIGNATURE	Mun 1	Vardale M.	ATTENDING 1521	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 2-15-1965
		22c. PHYSICIAN'S NAME (Type)	A NS N	VODAK M.D	22d. ADDRESS	REENBELT,	No.
^	230	BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OR 1		23d. LOCATION (City or Tow	n) (County) (Stote)
-	B	uffigal (Specify)	2/18/67	Ft. Lincol		Colmar Mai	
		FUNERAL DIRECTOR Francis Gas	ch's Sons	Hyattsville, Md.		BY REGISTRAR 2Sb. REG	SISTRAR'S SIGNATURE OCUMENTOS QUELAR.

DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the faneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. Page 4 may be retained by the hospital or attending physicion. VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02617 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY filled in by many papers. Pages 1 was after d Prince Georges MARYLAND b. CITY OR TOWN (If autside carparote limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Glenn Dale (rural) 1 mo. 20 days Washington, D. C. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? event, within 72 01 Glenn Dale Hospital NO V YES 768 Morton St., N.W carban 3 NAME OF Middle Last 4. DATE Day Year DECEASED (Type ar print) Hudson Newberry N. 16 DEATH 1967 IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED remove last birthday) Months Days Haurs inany M Negro WIDOWEDXX DIVORCED 7/23/1897 and 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired) **INDUSTRY** COUNTRY? unknown Ga. IISA 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, attending phy permit. Then Austin Newberry Annie Glave 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, ar unknawn) (If yes give war ar dates af service unknown unknown Decedent crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH Hepatic Failure IMMEDIATE CAUSE (a) **ro Hospital or Attending PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUF TO Canditians, if any, which gave (b) rise ta immediate cause (a), DUE TO stoting the underlying cause the Cirrhosis of Liver last l year SD 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO Pneumonia, right lung; AScites, Chronic Pyelonephritis certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (County) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (State) TO FUNERAL DIRECTOR: After this Haur a.m. foctory, street, affice bldg., etc.) Nat While While at wark at work 21. I certify that (X) (this haspital) attended the deceased fram 12/23/, 19.66, ta 2/16/187, that (X) (we) last saw the deceased alive an 2/16/1967, and that death accurred at 2:15 mm fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. **ATTENDING** DIRECTOR X 2/16/67 M.D. PHYS directar, page should be filed 22c. PHYSICIAN'S 22d. ADDRESS Glenn Dale Hospital NAME (Type) Moe Weiss, M.D. Glenn Dale, Md. 23a. SURIAL REMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d_LOCATION (City or Tawn) (County) 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02618 CERTIFICATE OF DEATH funeral and 2 and 2 death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY h. COUNTY a. STATE after Prince George's the Prince George's MARYLAND Maryland Pages hours aft b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 50 53 days Hillcrest Heights Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled bon papers within 72 2800 Gaither Street Prince George's General Hospital YES NO [completely to ove carbon present, withir executed within 3. NAME OF Last DATE Month Middle Year DECEASED February 24 1967 (Type or print) Eileen C. Noland DEATH 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS emove any eve last birthday) | Months | Days Hours | and Whi te Female WIDOWED DIVORCED T 65 8/28/01 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician a = 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? and U.S.A. U.S. Government Washington D. C. Retired certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending print. There Margaret Renehan Walter M. Fogarty 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) death Same As # William G. Noland. the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ò PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the the hospital or attending physician. IMMEDIATE CAUSE (a) signed DUE TD buri Conditions, If any, which (b) been gave rise to immediate the DUE TO cause (a), stating the certificate has be the for use as the pt. of Health prior t underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO L 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) r this certified detached for the Dept. of M MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. OR ATTENDING , be retained by t FUNERAL DIRECTOR: After irector, page 3 should be doould be filed with the State Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 195 and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR Page 4 may M.D. PHYSICIAN'S 22d. ADDRESS TO FUNERAL director, p NAME (Type) (State) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23c. REMOVAL (Specify) 27, 1967 Cedar Hill Cemetery Prince Georges, Maryland REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Wilhelm Funeral 25a. 8 Home 4308 Suitland Road, Suitland, VR A15 (4) 15M 4-64

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	phy en ova		Charles Foras		Blanche C. Coe	
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requires that the deoth cer g physicion.	signed by the attending phys burial-transit permit. Then p burial, cremation, or removal,		Yes, no, or unknown) (If yes give wor or dotes of service)	Le	re Johnson-800-17"S	W.W. WASH.DC.
the the	the all sit pe natior	F	1B. CAUSE OF DEATH (Enter only one couse per line for	(o), (b), ond (c).)		INTERVAL BETWEEN
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t se th	5+;		35 0 N DUE TO	2 - 14 - 1 -		
hys	signed burial- burial,		Conditions, if ony, which gove rise to immediate couse (o),	IPHON SONS	DISEASE (SEVERE	YEARS
rec	to b		stoting the underlying couse			
law ndir	s the		lost. (c)			Tag was autopsy
The law ottendin	icate hos been for use as the Health prior to	23	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			19. WAS AUTOPSY PERFORMED?
ä ö	r us	IV	200. ACCIDENT WAS UNDERLYING \ 200. DE	OPERATIVE M	(Enter noture of injury in Port I or Port II of item 18.)	YES NO
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1YS hosp	this cer etoche Dept.	3	(IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Doy, Yeor 2Dd. II	NJURY OCCURRED 2De. PLAC	CE OF INJURY (Home, form, 2Df. (City or town)	(County) (Stote)
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physicion.		MENICAL	Hour o.m. While p.m. 19 of worl	Not While focto	ory, street, office bldg., etc.)	(200.0)
N Ag	fter be Stot		21. 1 certify that (I) (this hespital) attend		9/18 1963 to 2/12	, 1962, that (I) (we)-las
ENG	- 0		saw the deceased alive on 1/32		1 377	ind on the date stated above
ATT	6 % ₹		220. SIGNATURE		ATTENDING ST MED. STAFF	22b. DATE SIGNED
OR De r	DIRE Je 3 ed w		Handa. Du	yper M.D	D. PHYS. DIRECTOR L. PHYS. L.	2/12/67
AL ov E	pod file	,	22. PHYSICIAN'S NAME (Type) HARALO Lu G	SONDATIO	22d. ADDRESS	Cilian Co.
SPI1	d b	/	11/1/1001)	KNIEK MID	111 3,102x 3pv1n6-110E	13.10th SPYING
O HOSPITAL Page 4 moy	O FUNERAL DIRECTOR: director, page 3 should should be filed with the	2	30. BURIAL, CREMATION, PEMOVAL (Specify) 2-15-1967	23c. NAME OF CEMETERY OR C		(County) (Stote)
5 g	200	-	24 CLINEDAL DIDECTOR	Randolph C		SISTRAR'S SIGNATURE
VR	A15 (4) M 1/67	J	oseph Gawler's Sons, w	Inc.	DATE FEB 1 5 1967	Marie Jules
231	17 07	1	5130 Wisc. Ave. N.W.	ash DC	DAIL TO 1907	I mage

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0262	0	CERTIFICATE	OF DEATH		02614
PLACE OF DEATH O. COUNTY F	PrinceGeorges	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Maryla	Where deceased lived, if institution: Resid b. COUNIY nd	dence befare admission)
b. CITY OR TOWN write RURAL on	(If autside carparate limits, Id give neorest town) Cheverly	c. LENGTH OF STAY IN 16 6 days	c. CITY OR TOWN (If or	diside carporote limits, write kokat and g	give nearest tawn)
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in hospital,	give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Georges General H		"	ood Luck Road	YES NO
3. NAME OF DECEASED (Type or print)	First Dorothy	Middle E	lost Paulino	4. DATE Month OF DEATH Feb.	Day Year
S. SEX Female	6. COLOR OR RACE 7. MARRIED WIDOWED		B. DATE OF BIRTH 30 March 1	last birthday) Manths	ER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
	N (Give kind af work dane 10b. K	IND OF BUSINESS OR NDUSTRY		& Stote, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME				TAYLOR :	
	(If yes give war or dates of service)		CHAEL J. PA	OLINO, 7304 GO	HAM, MO.
18. CAUSE OF D PART I. DEA	DEATH (Enter only one cause per line for ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(a) (b), and (c).)	Aeword	rage	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any	y, which gave) DUE TO	'ulmonary	Tuber	alosis	
stating the under		Preunont	~		
PART II. OTHER S	SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING \(\) 20b. DI \(\) CAUSE OF DEATH \(\) Y MEDICAL EXAMINER \(\)	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Part I or Part II of item 18.)	
Hour o.		Not While factor	CE OF INJURY (Hame, farm ory, street, office bldg., etc.		County) (Stote)
saw the c	ify that (1) (this haspital) attendeceased alive an 2 3	nded the deceased fram	t death accurred at	2,10 MM ram causes and an	
220. SIGNATURE	May - Ell	rila M.D. M.	111131	MED. STAFF DIRECTOR PHYS.	DATE SIGNED 2-3-67
22c. PHYSICIAN' NAME (Type	e) M.P. Dia:	z-Giorle,M.D.		orges General Hos	pital
23a. BURIAL, CREMATI REMOVAL (Specif	ION, 23b. DATE THEREOF FEB 7 1967	23c. NAME OF CEMETERY OR ARLINGTON	NATIONAL CA		(Caunty) (Stote)
24. FUNERAL DIRECTO		ADDRESS		D BY REGISTRAR 2Sb. REGISTRAR	S SIGNATURE Judge
W. W. Ch	AIM BEKS GO	KIVERDALE	PID DATE	I TO TO MAN	14- 11

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove about popers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 72 hours offer death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth.

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IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02621

CERTIFICATE OF DEATH

09615

	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence a. STATE b. COUNTY	e before odmission)
	Prince George's Coun	tv MARYLAND	Maryland Prince George	e's
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carparate limits, write RURAL and give	
	write RURAL and give nearest tawn)	0 1 011 3	Laurel	1/2-1
H	Cheverly	2 hrs.34mins	d. STREET ADDRESS	e. IS RESIDENCE
	d. NAME OF HOSPITAL OR INSTITUTION (If not in			ON A FARM?
	Prince George's Gene		Laurel Motel,605 Washington B	
	NAME OF First DECEASED (Type ar print) Rudol	Middle .ph – 1	lost 4. DATE Month OF DEATH Feb. 14	Doy Year 1967
S.		MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In years IF UNDER)	
		VIDOWED DIVORCED	March 17, 1915 lost birthdoy) Months	Doys Hours Min.
	. USUAL OCCUPATION (Give kind af wark dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Caunty & State, ar foreign country) 12. CIT	IZEN OF WHAT
dur	ing most of working life, even if retired)	Racing	Lawrence, Massachusetts US	INTRY?
_	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	John Pelczar		unk	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT 290 Lawrence S	St.
(Ye	(If yes give war ar dates of ser	unk 1	Mrs. Mary Pelczar, Lawrence, Mas	s
	1B. CAUSE OF DEATH (Enter only one cause p	er line far (a), (b), and (c),)		INTERVAL BETWEEN
0	PART I. DEATH WAS CAUSED BY:	Complete Hear	+Black	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	-on pre-		
	DUE TO	C	1 , 7 /. 4	
	Conditions, if any, which gave (b)	Congasille FI	east Failura	
	stating the underlying cause DUE TO			
	lost. (c)	COMONALY CRITE	: 408 cleso tic Heart Diseas	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
10				PERFORMED?
F A	20g. ACCIDENT WAS UNDERLYING	20h DESCRIBE HOW INTERN OCCUPATION	D. (Enter nature of injury in Part I or Part II of item 1B.)	1
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	205. DESCRIBE HOW HOOK! OCCURRED	c. (Eller reduce of injuly in Fair Fair II of fair II of	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	L COLL MINION OCCUPATED	LACE OF INJURY (Hame, form, 20f, (City or town) (Cau	ntul (State)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.		LACE OF INJURY (Hame, form, octary, street, office bldg., etc.) (City or town) (Cau	ntγ) (Stote)
₹	p.m. 19	at work at work	37 77	
	21. I certify that (1) (this haspite	il) attended the deceased fram_	Feb. 14, 1967, to FEb. 14, 196	7, that (1) (we) las
	saw the deceased alive on Fe	b. 14, 1967, and th	nat death accurred at 5:19 M, fram causes and an th	ne date stated abave
	22a. SIGNATURE		ATTENDING MEDAL'A CTAFE	ATE SIGNED
	Lalum Jo	enden	M.D. PHYS. DIRECTOR PHYS. D	-16-67
	22c. PHYSICIAN'S		22d. ADDRESS	
-3	NAME (Type) Edwin J. Je	nsen, M.D.	Prince George's General Host	oital
236	D. BURIAL, CREMATION, 23b. DATE THEREO	F 23c. NAME OF CEMETERY O		(County) (State)
200	BURIAL Feb. 20.1		Conseption Cen., Lawrence, Mass.	(
2	FLINERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE
Ĥ	larold S. Wade, 550 Was	sh.Blvd.Laurel, Mar		les Judge
			I DAIL! L. D A U IUU! //	[1]

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0	FOR STATE		0262	3	ME	DICAL I	XAMINER'S	CERTIF	ICATE OF	DEATH	02	617	
	HEALTH DEP		PLACE OF DEATH COUNTY Prince Ge				MARYLAND	o. STAT	ryland	ere deceased lived, if institut b. COU Pr	ince G	eorge's	
	24 haurs after death. If any delay is in Item 18. Give Pages 1, 2, and 3 to sr's Office along with farm PM3. Page les land 2 with the State Department of after death.		b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Cheverly			c. LENG	DOA	c. CITY DR	c. CITY DR TOWN (If autside carparate limits, write RURAL and gi			ive nearest tawn)	
	- 6		d. NAME DF HOSPITA	AL DR INSTITUTION (If no	it in haspital			d. STREET	ADDRESS			e. IS RESIDENCE ON A FARM?	
	Pages vith fa	_	NAME OF DECEASED		rst		Middle	Las	st 4	rdale Road,	th	Day Year	
	Give Give lang vith the	S.	(Type or print) SEX	6. COLDR OR RACE	7. MARRIEI	D NE	mma Pe	ettengi 8. DATE OF	BIRTH	OF DEATH 2 9. AGE (In years Last birthday)	IF UNDER 1	17 19 67 YEAR IF UNDER 24 HRS. Days Haurs Min.	
	within 24 haurs after death. If a pencil in Item 18. Give Pages 1, Examiner's Office along with farm the years land 2 with the State De 2 hours after death.	100	female USUAL OCCUPATION	white (Give kind of work done	WIDOWEI	KIND OF BU	DIVORCED .	3-26-	HPLACE (Stote or	foreign cauntry)		ZEN DF WHAT	
	er's Cer's Cer's Caffer		FATHER'S NAME	geven it renired)		Dart	Drug Co.	14 MOTH	Mass.		tot	J.S.A.	
	Examiner Examiner Examiner Elle Jose 2 hours a		Lemuel H	icken				Lei					
			WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates o	of service)	6. SOCIAL SEC		informant	illip H	108 Micken Newton	ör s e Si		
cate shauld be exe	This certificate shauld be executed within icate, writing the ward "pending" in pencil be farwarded to the Chief Medical Examined be used as a burial-transit permit. File for remayal, and in any event within 72 hours		18. CAUSE OF DE PART I. DEAT 4 20, productions, if any, is to immediate stating the under last.	which gove e cause (a),	(o)	Acute	pulmona		ry arte	rioscleroti disease		INTERVAL BETWEEN DNSET AND DEATH	
	This certificate, writing the farward be used or remayal, a	MEDICAL CERTIFICATION	PART II. OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING	G TO DEATH	BUT NDT RELATED TO	THE TERMINA	L DISEASE CONDIT	TION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES X NO	
	-		20a. EXTERNAL CA PRIMARY () ar CDI CAUSE OF DEATH.	USE WAS NTRIBUTING	20Ь.	DESCRIBE HO	W INJURY OCCURRED). (Enter nature	at injury in Par	t I or Part II af item 18.)			
	AL EXAMINER: EXECUTE the certification of the certi		20c. TIME OF INJU Hour a.n p.n	10			URRED 20e. P While forwark	ACE OF INJURY	(Hame, farm, fice bldg., etc.)	20f. (City or tawn)	(Caun	ty) (State)	
	DEPUTY MEDICAL EXAM scessary, please execute the funeral directar. Page 4 may be retained for your FUNERAL DIRECTOR: Page seith prior to burial, crema		21. I certify that I took charge of the remains described above, held an Autapsy X, Inspection X, Inquiry X, and in my apinion death resulted from: A Natural causes X, Agilent, Suicide, Homicide, Undetermined manner										
	D DEPUTY MEDICAL necessary, please exerthe funeral director. P S may be retained for FUNERAL DIRECTOR Health prior to burial,		ACTUAL SIGNATURE	John	IX	A	7	M.D. A	HIEF MEDICAL EX SSISTANT MEDICA	L EXAMINER		22. DATE SIGNED	
	o DEPUTY necessary, the funeral 5 may be 1 6 FUNERAL Health pria		EXAMINER'S NAME (Type)	Shn Kehoe M	D.	River	lale, Mar		EPUTY MFDICAL E ddress (Street, ci			2-18-67	
	necessa the fun 5 may 10 FUNEI Health	23 B	BURIAL, CREMATIC	23b. DATE TH 2/21/	EREOF	23c. N	AME OF CEMETERY O	R CREMATORY Hills		23d. LOCATION (City or To		county) (State)	
	VR A15ME (5) 6M 1/67		runeral directo	asch's Son	в Нуа		address lle, Mary	land	DATE FEE		EGISTRAR'S SIG	NATURE Las Junges	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATEMaryland b. COUNTY Prince George's o. COUNTY Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give recorest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, M 4 days d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince George's General Hospital 3509 Madison Place YES NO X 3. NAME OF Middle Lost 4. DATE Month Doy Year First DECEASED Helen Phipps 1967 Louise 11 February DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED 56 lost birthdoy) Months Doys Hours 6/28/10 White WIDOWED DIVORCED Female 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? **INDUSTRY** rachine operator Printing Co. Washington
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Alice E Murdock Robert E Dove 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ANNELS FOR LESS (Yes, no, or unknown) ((If yes give wor or dotes of service) 218 32 2274 "lice A Phipps Hyattsville, Md. no INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO Z 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (County) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) While Not While of work ot work 21. I certify that (1) (this haspital) attended the deceased fram_2 and that death accurred at 1:50 M. fram couses and on the date stated above. saw the deceased alive an. 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** STAFF PHYS. 2/11/67 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S

Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been directar, page Shauld be filed VR A15 (4) 20 M 1/66

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

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23o. BURIAL, CREMATION,

NAME (Type)

Burial (Specify) Feb 14, 1967 24. FUNERAL DIRECTOR

Robert B. Sasscer, M. D

Hvattsville. Md.

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

2So. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

Upper Marlboro, Md.

Suitland Pro Geo Md.

(County)

(Stote)

2Sb. REGISTRAR'S SIGNATURE 1967

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02625 campletely filled in by the funeral aave carban papers. Pages 1 and 2 contificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Prince Cearge Prince George ease remave carban papers. Pages 1 and in any event, within 72 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Oran Hill d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Suitland Nursing Home Panarama Drive YES NO M please remave carban NAME OF Middle 4. DATE First Lost Manth Day Year DECEASED (Type or print) Sina mullord Price Feb 19 DEATH 9. AGF (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours May 4- 1876 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY COUNTRY ?-Stillwater. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, ar remaval, amzie S. Smith 60 Mary Jane McElron 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service 16 SOCIAL SECURITY NO 17. INFORMANT requires that the death INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending **RECTOR:** After this certificate has been 3 should be detached far use as the lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) director, page 3 shauld be detached far use should be filed with the State Dept. af Health NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) While Not While ot work TO FUNERAL DIRECTOR: After . 190 (, that (I) (we) last 20 M 36 1904 to JUPO 21. I certify that (1) (this hospital) attended the deceased fram_ 19 67, and that death accurred at 57 66 CM, fram causes and an the date stated above saw the deceased alive an Jeb 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M.D. DIRECTOR PHYS. PHYS. 22d **ADDRESS** 22c. PHYSICIAN'S Eugene Vorko NAME (Type) Mississinne une. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Suitland, Maryland Feb. 6-1967 Washington Natl Cem. 25b. REGISTRAR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Bros.-1661-Good Hope Rd SE FEB Wash DC 1967

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02626 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COUNTY Prince George b. COUNTY Prince George Maryland MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) District Heights District Heights d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3903 - 73rd Avenue 3903 - 73rd Ave., NO X 3. NAME OF Middle 4. DATE Year DECEASED 22 February Antonia Puglisi 19 67 (Type or print) DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH birthdoy) Hours 16 Jan. 1912 Female White WIDOWED X DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY Wadsworth, Ohio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Angela Gullo Salvatore Puglisi 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO DC (Yes, no, or unknown) (If yes give wor or dotes of service) 3923 - 12th St., NE Salvatore J. Puglisi none 1B. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gove rise to immediate cause (a), Feb. 22-6 stoting the underlying couse WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) Hour o.m. Not While foctory, street, office bldg., etc.) ot work 1967, to Feb 22-, 1967 that (1) (we) just 21. I certify that: (1) (this haspital) attended the deceased fram____ 1 why 24 Feb. 22-1967, and that deoth occurred at 355 AM, from causes and an the date stated obove. saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR ADDRESS 22c. PHYSICIAN'S NAME (Type) 7200 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 25 Feb. 1967 St. Mary's Cemetery Washington, D.C. Burial 2Sb. REGISTRAR'S SIGNATURE DC 20012 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Rinaldi Funeral Home, Inc. 7400 Ga. Ave., N

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. Complince Georges Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)

Cheverly c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 6 hrs Riverdale d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) PrinceGeorges General Hospital 5020 Tuckerman Street YES NOX 3. NAME OF 4. DATE Middle Last Month Day Year DECEASED Feb., 3 67 Marie C Reed 19 (Type or print) DEATH S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Davs Hours 3 White WIDOWED DIVORCED Female 11 Dec. 1892 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? during mast af warking life, even if retired) own home Washington D. C. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Henry W Sprosser Mary A. Maloney 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO (Yes, ng, ar unknawn) (If yes give war ar dates af service) 578 030 187 Alton D Reed University Park, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b). ONSET AND DEATH PART I. DEATH WAS CAUSED BY 1MMEDIATE CAUSE (a) DUF TO Canditians, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES W NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur o.m. Not While at wark at wark , 19 6 (that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram The 196 S. ta saw the deceased alive on Feb 5 pe , and that death occurred at 5 25 My from causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Till Bergemann, M.D. Prof. Bldg. Greenbelt, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Suitland Pro Geo Cedar Hill Cemetery Md. Feb 6. 1967 Burial ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Charle F. Gasch's Sons Hyattsville, Md.



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20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)

PHYS

22d. ADDRESS

(City ar tawn)

Box 2150 Upper Marlboro, Maryland

23d. LOCATION (City or Tawn)

(County)

21. I certify that (I) (this hospital) ottended the deceased fram Peb 13, 1967, to Feb. 21, 1967, and that death occurred at 10 A.M., from causes and on the date stated above.

M.D.

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING

DIRECTOR

PHYS.

FEb.21, 1967

22 PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION BUT IS (Specify)

24. FUNERAL DIRECTOR

22a. SIGNATURE

23b. DATE THEREOF 2/23/67

St. Thomas Cemetery ADDRESS

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(County)

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Robert B. G. Sasscer, M.D.

Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02630 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COLINTY Prince George's Maryland Prince George's MARYLAND the Stote Deportment CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 pup DOA Morningside Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? olong with farm Prince George General Hospital Give Pages 210 Woodland Road YES NO X This certificate should be executed within 24 hours after death. NAME OF Middle 4. DATE Day Year DECEASED OF DEATH (Type or print) Melanie Robinson 67 NEVER MARRIED 6. COLOR OR RACE IF LINDER 24 HRS B. DATE OF BIRTH 9. AGE (In years 7. MARRIED lost birthdoy) Months Hours deoth WIDOWED 1-14-1948 White in Item 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT 30 during most of working life, even if retired)
Student after INDUSTRY COUNTRY? U.S.A. Georgia execute the certificate, writing rne word persons are Pane 4 should be forworded to the Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alma J. Smallwood Thomas M. Robinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 2327 Duke St. permit. I (Yes, no, or unknown) (If yes give wor or dotes of service) within Maj. Thomas M. Robinson Alexandria, Va. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH in ony event IMMEDIATE CAUSE (6) Massive pulmonary embolism DUE TO Phlebo thrombosis - left internal iliac vein days Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 0 pup last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? or remayal, YES 50 NO Pregnancy - 6 months 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH. crematian, (City or town) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Year (State) foctory, street, office bldg., etc.) Hour o.m. Not While DIRECTOR: Page of work ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X. Inquiry x, ond in my opinion Noturo Couses x Accident deoth resulted from: Undetermined monner Suicide Homicide the funeral directar, be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior may be re FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER X EXAMINER'S NAME (Type) Kehoe, M.D. 2-23-67 Riverdale, Md. John Health Address (Street, city, town, or county) 23a. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 0 Burial (Specify) Trinity Memorial Gardens Waldo ADDRESS Alexandria, 250. RECD BY REGISTRAR Waldorf, Maryland 24. FUNERAL DIRECT 25b. REGISTRAR'S SIGNATURE VR A 15ME (5) Va. 1967 Funeral Homes Inc.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02631 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and/ 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) a. COUNTY o. STATE District of Columbia Prince George MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Washington Hyattsville mo. 17 days papers. hin 72 ha e. IS RESIDENCE ON A FARM? and campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If ngt in haspital, give street address) d. STREET ADDRESS Sacred Heart Home, 5805 Queens Chapel Rd. 1908 Florida Avenue, N.W. YES NO TX NAME OF First Middle 4. DATE remave carban Lost Month Day Year DECEASED M. Gertrude Rogan February 19 67 11 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TK last birthday) Manths Days Haurs White Female July 26, 1877 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)

Bookkeeper COUNTRY? INDUSTRY Seneca Falls, New York United States 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remava John Rogan Elizabeth Murphy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service) /Sacred Heart Home, Hvattsville, Maryland crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per (b), burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c signed by Page 4 may be retained by the hospital ar attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by DUE TO burial, a Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause for use as the k f Health priar tak WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED factory, street_office bldg. etc.) Not While at wark pe 21. I certify that (1) (this haspital) attended the deceased from shauld , and that death accurred at M, fram causes and an the date stated abave saw the deceased alive on 22g. SIGNATURE 22b. DALFSIGNED **ATTENDING** DIRECTOR PHYS ADDRESS 22d. 22c. PHYSICIAN'S NAME (Type) directar, shauld b 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY , (County) (State) 23g. BURIAL CREMATION. COL UMBKILL SENECA W.W. CHAMBERS VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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after death. If any delay 8. Give Pages 1, 2, and 3 alang with farm PM3. Pagwith the State Department a	5.		7. MARRIED [8 DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
18. Give Pages 1, 3 along with farm 2 with the State Depth.		male white	WIDOWEO [DIVORCED	1-22-06	61 (last birthdoy)	Manths Days Haurs Min.
ld be executed within 24 haurs of the standing. In pencil in Item 18 Chief Medical Exemine is Office of the standing permit. File pages Land 2 weent within 72 hours after death	10a	USUAL OCCUPATION (Give kind of work dan	10b. KIN	D OF BUSINESS OR		ate ar fareign country)	12. CITIZEN OF WHAT
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hin 24 ncil in game is perges urs afte	-	FATHER'S NAME			14. MOTHER'S MAID		USA
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nauld be executed ward "pending" is the Chief Medical risal-transit permit.	H	1B. CAUSE OF DEATH (Enter only one of			Line 5. Hayl	iew, Jour of Ave.	INTERVAL BETWEEN
e ef lef lef l		PART I. DEATH WAS CAUSED BY:	0	grene of sma	ll howel		nours death
d b rd rd rd reve		5702 IMMEDIATE CAUS	F TO	STCHO OF SHA	LL DONOL		110410
the ward "per to the Chief I to the Chief I a burial-transit in any event v		Canditians, if any, which gave		ombosis of s	uperior mes	enteric vein	ab. 2 hrs
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ficate fing thrided as a and i		stating the underlying cause last.	(c)				
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	CERT	PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.					
EXAMINER: ute the certif age 4 shauld yaur files. Page 3 shaulc crematian, ar	MEDICAL	20c. TIME OF INJURY Month, Day, Year	20d. INJ	URY OCCURRED 20e.	PLACE OF INJURY (Hame,	farm, 20f. (City ar tawn)	(County) (State)
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TO DEPUTY MEDICAL EXAMINER: necessary, please execute the certithe funeral director. Page 4 shauld 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 shauld brian to burial, cremation, a			M.D. Ri	verdale, Mar	yland Address (Si	reet, city, tawn, or caunty)	
D D D		BURIAL, CREMATION, 23b. DATE T		23c. NAME OF CEMETERY		23d. LOCATION (City or Tov	vn) (County) (State)
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4308 Suitland Road, Suitland, Maryland

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THE LOCAL SECTION

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02633 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission). o. COUNTY o. STATE b. COUNTY Pr. George Maryland Ve carban papers. Pages_1 event, within 72 hours after Prince Georges
b. CITY, QR TOWN (If autside corparote limits, MARYLAND and campletely filled in by the remake carban papers. Pages c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) Hyattsville Hvattsville. mos. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 1516 Chillum Rd. IS RESIDENCE ON A FARM? 4922/VasaVYe/Road YES NO TO 4922 Lasalle Road, Hyattsville, NAME OF DATE Lost Month Day Year DECEASED (Type or print) OF DEATH 1967 Feb. Virginia Rvan IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED 8 2 birthdoy) Months Days Hours Oct. 22, 1884 the attending physician and ca sit permit. Then please rema natian, or removal, and in any DIVORCED Female. White 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Registered Nurse-Ret U.S. Army

13. FATHER'S NAME COUNTRY Baltimore, Md. 14 MOTHER'S MAIDEN NAME William Ryan E. Mary crematian, or rem 15 WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, or unknown) (If yes give wor ar dates of service Family Records Yes 1B. CAUSE OF DEATH (Enter anly one couse per line far (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cancer of the Cervix with Metastasis physician DUE TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending be detached far use as the State Dept. of Health priar ta has been last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO TO FUNERAL DIRECTOR: After this certificate 2Dg. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or Iown) 20c. TIME OF INJURY Month, Day, Yeor 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (County) (Stote) Haur a.m. factary, street, office bldg., etc.) Nat While at wark 21. I certify that (I) (states to space) 28 , 19 66, ta Feb . 27 , 1967, that (I) (NOX) clast attended the deceased fram Feb. directar, page 3 shauld shauld be filed with the 19 67, and that death accurred at 3:30AM, fram causes and an the date stated above. saw the deceased alive an Feb 22a SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. PHYS PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 322 H St. N.E. Washington, D.C. Thomas F Collins 23d. LOCATION (City or Tawn) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION B REMOVAL (Specify) 3/2/67 New Cathedral Baltimore Md 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 C.F.EVANS & SON 8802 Harford Rd.

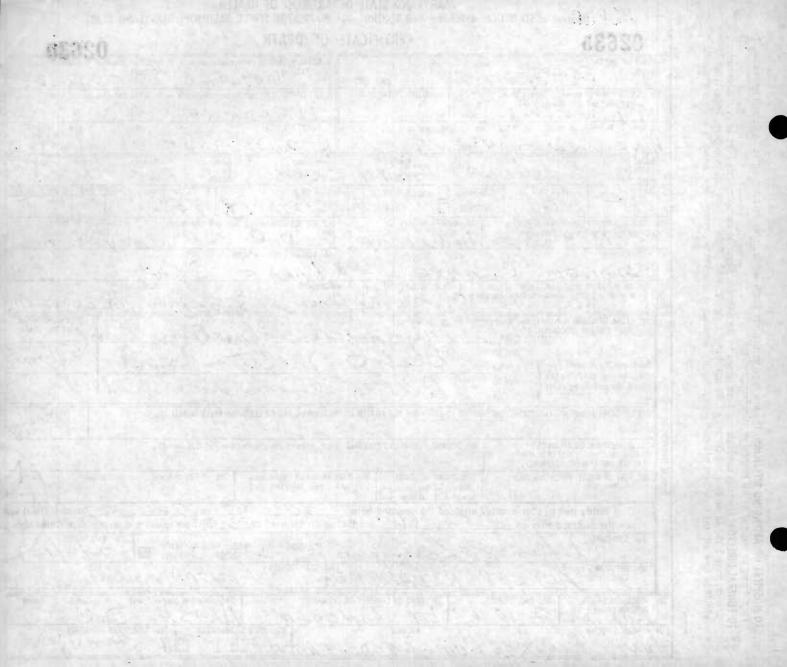
MARYLAND STATE DEPARTMENT OF HEALTH

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t		ATH [Enter only one caus WAS CAUSED BY:	e per line for (e), (b), end (c).]					ONSET AND DE
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S. College	20e. ACCIDENT WAS OR CONTRIBUTING []	CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury	n Pert I or Part	II of item 18.)		
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1	Hour e.m.	19	While Not While fec	tory, street, office bldg., et	c.)			
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1	saw the deceased	2_1	19.67, and that	death occurred at		the causes a		
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		U. 1.1100	luseen "	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	2-1-67	7
				22d. ADDRESS				
	22c. PHYSICIAN'S NAME (Type)	1 1 1	ann, M.D.		ensbury	Rd. R-	represt	a Md.
	NAME (Type)	C. J. Houma	ann, M.D.	4404 Que		Rd., R		e, Md.
1	NAME (Type)	C. J. Houma		4404 Que	23d. LOC		wn or county)	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02635 be executed within 24 hours after death. and campletely filled in by the funeral remave carbon papers. Pages I and 2 in any event within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH a. COUNTY b COUNTY P. GEORGES MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits. write RURAL and give nearest town) NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS 0×130A YES NO W NAME OF Middle DATE # First Month Doy Year OF DEATH DECEASED OLA (Type ar print) IF UNDER 1 YEAR IF UNDER 24 MR S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Haurs WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) COUNTRY ? during most of warking life, even if retired) INDUSTRY requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1051 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) þ DUE TO signed 260X Canditians, if any, which gave nse to immediate couse (o), DUE TO stating the underlying cause as the O FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) of far use of Health p NO be retained by the haspital or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item IB.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Haur o.m. Not While 21. I certify that (I) (this haspital) attended the deceased fram_ tel 1967, and that death accurred at 2:30 PM, fram causes and an the date stated above saw the deceased alive on_ 220. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF COLA 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR **ADDRESS** VR A15 (4) 20 M 1/66 DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02636 requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Pr. Geo. o. COUNTY Prince George Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Forestville. Cheverly Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 3217 -- Oak Glen Way S. E. DOA Prince George General Hospital YES NO [carban 3. NAME OF First Middle 4 DATE Year DECEASED OF Feb. 20th SCHLAEFLI EMMA 67 (Type or print) 19 7. MARRIED X IF UNDER 1 YEAR | IF UNDER 24 HRS. SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Jan. 26-1890 White WIDOWED DIVORCED Female and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most af working life, even if retired) INDUSTRY COUNTRY? Switzerland Switzerland Housewife, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Friedrich Gottlieb Schaefli Emma Baumgartner signed by the attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give war or dates of service 16. SOCIAL SECURITY NO. 17. INFORMANT John Schlaefli- Husband-Same as Item #2 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying couse be retained by the haspital or attending has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? by NO XX O FUNERAL DIRECTOR: After this certificate for 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) ahr 20c. TIME OF INJURY Month, Doy, Year Haur a.m. factory, street, office bldg., etc.) Nat While at wark at wark m 21. I certify that (1) (this haspital) attended the deceosed from___ , 19 63, to____ 2, 2, 1967, that (1) (we) last 9,30 2, 20 19 67, and that death occurred at 300 M, from couses and an the date stated obave. saw the deceased alive an_ 220 SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. Feb. 21-1967 0 M.D. director, page 3 shauld be filed 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) Dr. 3003-Naylor Rd SE Wash. DC Bahram Bahrami 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Feb. 1967 Cedar Hill Cemetery Suitland. and Maryland
25b. REGISTRAR'S SIGNATURE 24. FLINERAL DIRECTOR **ADDRESS** 25g. REC'D BY REGISTRAR mons Bros. 1661-Good Hope Rd SE Wash DO

• : perkunanta (1941). El a como de la seguir de la como de Como de la

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02637 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before und soon and attending physician and completely filled in by the funeral permit. Then please remave carban papers. Pages I and an, ar remaval ortelin any event, within 72 haurs after deat PLACE OF DEATH b. COUNTY a. COUNTY o. STATE Prince George MARYLAND Marvland Prince George b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clinton 22 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENCE ON A FARM? d. STREET ADDRESS Rt. 1 Box 295 YES NO X Pi ne View Gardens Health Care Center 3 NAME OF 4. DATE Year Lost Month DECEASED DEATH February (Type or print) Irene Schultz Mabel 9 AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS S. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Dovs Hours White WIDOWED XX DIVORCED Jan: 25. 1896 Female 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? INDUSTRY OMESTIC Washington, D.C. Ameri can 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME William F. Goddard Cora Owens WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) ((If yes give wor or dotes of service Pine View Gardens Health Care Center No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) þ DUF TO signed Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse be retained by the haspital ar attending Page 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been as the priar ta last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use of Health NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram. 19____, that (1) (we) last 7, and that death accurred at 9:3/Matrom causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. ATTENDING MED. DIRECTOR Feb. 1st 67 (A)M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Alfred R. Clinton Maryland Lapin directar, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b. DATE THEREOF (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) Feb. 4th1967 Cedar Hill Cemetery Suitland, Maryland Burial 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 mmens Bro 166/Sterod

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 21201 02638 CERTIFICATE OF DEATH death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF OEATH PRINCE GEORGE'S haurs after MARYLAND within 24 haurs after c. LENGTH OF STAY IN 1b CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
DREWS AIR FORCE 35MIN Camp Springs ANDREWS BASE 1HR FOREST/ HE/LGHTS filled in I d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Lanham within 72 HOSPITAL ANDREWS NO KA 203/W00DL/AND YES X remave carban NAME OF First Middle Lost OATE Month Oay Year completely DECEASED any event, (Type or print) ELIZABETH ANNA SCHUMM DEATH FEBRUARY 16 1967 requires that the death certificate be executed IF UNDER I YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE OATE OF BIRTH AGE (In years 7. MARRIED **NEVER MARRIED** last birthday) Manths Days Hours WIDOWED DIVORCEO CAUCASIAN 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of work done physician c COUNTRY? during mast af warking life, even if retired) INDUSTRY and U.S.A N/A ERNFT HOUSEWIFE 14. MOTHER'S MAIOEN NAME 13. FATHER'S NAME crematian, ar remaval, Heinrich Schneider Trusheim GERTRUDE (UNKNOWN) (UNKNOWN) godland WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service HELEN DOUGLASS-DAUGHTER-SAME /AS/#/2 UNKNOWN NO INTERVAL BETWEEN CAUSE OF OEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit ONSET AND OEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARDIOVASCULAR FAILURE DUE TO burial, CERBRAL VASCULAR ACCIDENT HOURS Canditians, if ony, which gove (b) rise to immediate couse (o), DUE TO stating the underlying cause as the priar ta has been last. WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION Health YES IN NO this certificate be retained by the hospital or 70 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH State Dept. af detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. factory, street, affice bldg., etc.) Not While ot work at wark **FUNERAL DIRECTOR: After** . 19 67 to 16 FEB 21. I certify that (K (this haspital) attended the deceased fram 16 . 196 7 , that XI) (we) last FEB directar, page 3 shauld shauld be filed with the 1967, and that death accurred at5:30 M, fram causes and an the date stated above. saw the deceased alive an 16 22b. DATE SIGNED 22g. SIGNATURE M.D. PHYS. DIRECTOR PHYS 22d. HOSPITAL 22c. PHYSICIAN'S ANDREWS NAME (Type) JOHN .USAF .MC AFB. WASHINGTON DC 20331 ANDREWS 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City or Town) (State) BURIAL CREMATION DATE THEREOF (County) REMOVAL (Spegify) 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66

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THE PARTY OF THE P THOU (MANY MILE) 26 (M. 24. 10 A. The Saturdad Salpedia History of the Anna Anna Anna SECURIOR SECURE OF THE SECURE X = 1 T = 1 E ISHOR THE SIXTERN REAL SYLVENIAN OR A REPORT OF THE WORLD

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH n2634 02639 requires that the death certificate be executed within 24 haurs after death. death pup 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Pr. Geo. Prince Geo. Maryla nd MARYLAND carban papers. Pages 1 ent, within 72 haurs after filled in by the fu papers. Pages 1 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give neorest town) wks. 2 days Mt. Rainier d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? 3001 - Taylor St. Magnolia Gardens Nursing Home NO X 3. NAME OF Middle Lost DATE Year First DECEASED (Type or print) Feb. 16 67 M. 19 Anna Seymore DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Dovs Hours Female White 7/22/1893 WIDOWED T DIVORCED and in any 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
HOUSOWIIO INDUSTRY U.S.A. the attending physician sit permit. Then please Rhode Island 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal, Emma Plante John Harris 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ar 1 Mr.Geo.W.Seymore, Jr. (above address None burial, crematian, (Son) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) DUF TO signed ! Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse far use as the t Health priar to b Page 4 may be retained by the haspital ar attending this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO YES detached far u 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) foctory, street, office bldg., etc.) Hour o.m. ot work ot work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram 3 shauld director, page 3 shauld shauld be filed with the and that death accurred at fram causes and an the date stated above. saw the deceased alive an. 22o. SIGNATURE 22b. DATE SIGNED STAFF M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) 2/20/67 Colmar Fort Lincoln Com. Manor. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Nallevis ADDRESSMt Rainier Funeral Home Inc. Marylan d

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission o. COUNTY Maryland Baltimore ay is Prince George's MARYLAND delay and 2 with the State Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup write RURAL and give nearest town) Baltimore DOA Cheverly IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Office along with farm in Item 18. Give Pages 3411 Kimble Road YES NO 3 Prince George General Hospital 24 haurs after death. 3. NAME OF Middle Lost 4. DATE Month Doy Year DECEASED 19 67 (Type or print) Benjamin Shevitz DEATH 7. MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED lost birthdoy) Months Hours Dovs death. WIDOWED DIVORCED 9-1-1905 Male White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) after INDUSTRY COUNTRY ? Salesman

13. FATHER'S NAME Furniture Lithuania Examiner 14 MOTHER'S MAIDEN NAME pencil be executed within bad 72 haurs Yetta Philip Shevitz 17. INFORMANT Address 16. SOCIAL SECURITY NO. permit. writing the ward "pending" is (Yes, no, or unknown) (If yes give wor or dotes of service) within Mrs. Jean Shevitz, 3411 Kimble Road #7 No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) **burial-transit** PART I. DEATH WAS CAUSED BY ONSET AND DEATH any event Heart, failure minutes This certificate shauld Arteriosclerotic heart disease over 10 vrs Conditions, if ony, which gove rise to immediate couse (a). c DUF TO stoting the underlying couse farwarded lost 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) removal CERTIFICATION the certificate, NO X 2Do. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 shauld should 0 PRIMARY I or CONTRIBUTING I CAUSE OF DEATH crematian, MEDICAL 2De. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While FUNERAL DIRECTOR: Page of work ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X. and in my apinian Natural Layses x death resulted fram: Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED priar SIGNATURE DEPUTY MEDICAL EXAMINER 2-23-67 NAME (Type) John Kehoe, M.D. Riverdale, Md. may Health Address (Street, city, town, or county) 23g. BURIAL, CREMAT 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 0 REMOVAL (Specif Anshe Emurah-Aitz Chain Baltimore, Maryland Burial 24. FUNERAL DIRECT VR A15ME 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02637

	PLACE OF DEATH							Vhere dece	eosed lived, if institu		nce before	odmissio	on)
	o. COUNTY	Prince Geor	ge	M	ARYLAND	Mary	land		ь. <u>со</u>	rince	Geor	ge	
	b. CITY OR TOWN (If outside corparate limit	s,	c. LENGTH OF STA				tside corp	orote limits, write R			town)	
	Rive	give nearest town)		6 day	S	Hyat	tsvil	le	(Colleg	ge Par	rk)	16-1	/
		AL OR INSTITUTION (If no				d. STREET A					(ON A F	DENCE
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	NAME OF DECEASED		rst	Middle		Lost		4. DATI		nth	Doy	Ye	
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S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARK	RIED X	B. DATE OF BII		100	AGE (In years lost birthdoy)	IF UNDER Months	Doys	IF UNDER Hours	Min.
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13.	FATHER'S NAME Lemue	el Shipley			A	14. MOTHER							
(Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes of none	of service)	SOCIAL SECURITY NO		NFORMANT dical F	ecord	/bro	Add ther-in-	lress Law			
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CATION	PART II. OTHER SI	GNIFICANT CONDITIONS (10									WAS AUTO PERFORM S	OPSY NO NO
MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter noture o	f injury in I	Port I or F	Port II of item 1B.)				,
MEDICA	20c. TIME OF INJU Hour o.r p.r	10	20d. IN While of work	NJURY OCCURRED Not While of work		CE OF INJURY (ory, street, office			(City or town)	(((ounty)	((Stote)
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	22o. SIGNATURE	UST	ten	re	M.		LXI	MED. DIRECTOR	STAFF PHYS.	22b. 1	DATE SIGN	47	7
	22c. PHYSICIAN'S NAME (Type	W. L. Et	ienne,	M.D.		22d. AD 4713	B Berw	yn R	d., Colle	ege Fa	irk,	Md.	
	BURIAL, CREMATIC			23c. NAME OF C					LOCATION (City or 1		(County		itote)
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	4. FUNERAL DIRECTO			ADDRESS			2So. REC'D			REGISTRAR'S			
	rancis	Gasch's Sc	ns Hy	rattsville	, Md.		DATEF	B 2 3	1967	Cherry	Yen Y	uga	

VR A15 (4) 20 M 1/66

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02643 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Prince George's Prince George's

b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) MARYLAND delay State Deportment c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) puo DOA Laurel Riverdale e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS along with form Eugene Leland Memorial Hospital Rt. 2 Box 151 Wash. Blvd. YES NO 18. Give Poges 24 haurs ofter death. 3. NAME OF 4. DATE Manth Day Year DECEASED James Albert, Shorter February 67 (Type ar print) DEATH 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED 10st birthdoy) Months Days Hours October 27, 1906 72 hours ofter death. white male WIDOWED DIVORCED skoffi 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY ? mechanic in pencil i pleose execute the certificate, writing the word "pending" in pencil i director. Page 4 should be forwarded to the Chief Medicol Examine 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within Kader 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service event within INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter anly one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH H eart failure IMMEDIATE CAUSE (a) DUF TO ony Canditians, if ony, which gove Arteriosclerotic heart disease unknown (b) rise ta immediate cause (o). = DUF TO stoting the underlying cause gs 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) or removol, NO to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY C or CONTRIBUTING C CAUSE OF DEATH cremation, (City or tawn) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) Hour am. Not While ot work foctory, street, affice bldg., etc.) moy be retained for your FUNERAL DIRECTOR: Page ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x Inquiry x ond in my opinion Morturol couses Accident deoth resulted from: Suicide . Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE 2-4-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** AdRiverdal eun Mdurty) John Kehoe, M.D. Heolth NAME (Type) 23d. LOCATION (City or Town) (County) (Stote) 9 REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME 6M 1/67

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacaased lived, If Institution: Residence before edmission) hours a. COUNTY Prince Georges the 12 b. COUNTY death. MARYLAND Maryland and Geors b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, writa RURAL and give nearest town) write RURAL and give nearest town) filled in Pages 1 papers. Pages 1 n 72 hours after RURAL-Upper Marlboro RURAL-Upper Marlboro executed within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Box 3130 Box 3130 completely YES NO K 3. NAME OF First Middla 4. DATE Month Dey Year DECEASED OF within (Typa or print) February DEATH umone 19 67 carbon 5. SEX 6. COLOR OR RACE pe pue B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS last birthday) event, Months Male 1892 certificate WIDOWED [DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, avan if retired) Tobacco Farming Own Farm Virginia U. S. A. please .5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DIRECTOR: After this certificate has been signed by the attending pue Charles William Skillman Annie Virginia Newton Then requires that the 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. removal, 17. INFORMANT Same Ruby Josephine Skillman-#2. /26/18-5/ Yes permit. the hospital or attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN 9 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (e) the burial-transit DIECHNIC DUE TO Conditions, if any, which mon gave risa to immadiate cause burial, DUE TO (a), stating the underlying PHYSICIAN causa last. detached for use as 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? prior NO X 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of itam 18.) of Health OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER be retained by MEDICAL 20d. INJURY OCCURRED | 20c. TIME OF INJURY Month, Day, Year 20a. PLACE OF INJURY (Homa, farm, ! 20f. (City or town) (County) (Stete) factory, streat, office bldg., etc.) Not While Hour a.m. State Dept. at work at work Pe 19.62 to 50 plnous . A.M. from the causes and on the date stated above. OR may 22a SIGNATURE DATE ATTENDING SIGNED FUNERAL MED STAFF HOSPITAL page with th 図 DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type ector, filed Clark Holmes. Upper Marlboro, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) S & S REMOVAL (Specify) Waldorf. Maryland Burial 25a. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Ritchie Bros.Fun'l Home-Upper Marlboro.MdA VR A15 (4) 20M 5-63

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02647 law requires that the death certificate be executed within 24 haurs after death death completely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission PLACE OF DEATH a. COUNTY Prince b. COUNTY Prince Georges Georges MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Riverdale College Park d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within 72 Eugene Leland Memorial Hospital 5023 Geronimo St. YES NO THE emave corban 3. NAME OF Middle Lost DATE Month Year DECEASED Thais B. Smith 2-17-19 67 (Type ar print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years lost birthday) Manths Days Hours DIVORCED 7-17-08 White WIDOWED FeMale. the attending physician and sit permit. Then please rem 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY OWIT DOME S. A. Wisconsin 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaya John Bennett Catherine Cassidy 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) (If yes give war or dotes of service 16. SOCIAL SECURITY NO. 17. INFORMANT Address Medical Record/spouse INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying couse as the has been last. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO this certificate be retained by the haspital ar b 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, affice bldg., etc.) Haur o.m. Not While at work at wark O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from File shauld 19 7, and that death occurred of M. from causes and on the date stated obove sow the deceosed olive on. 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, shauld be 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Dodgeville Wisconsin Feb 21, 1967 St Joseph's catholic ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 F. Gasch's Sons Hyattsville, Md.

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2	MARYLAND STATE DEPARTMENT OF HEALTH	DVI AND
O (N)	02648 CERTIFICATE OF DEATH	02643
r death	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Resi a. STATE b. COUNTY	
hours after d in by the 's. Pages 1 hours after	Prince George's MARYLAND Maryland Prince George' b. CITY OR TOWN (If outside corporate limits, write RURAL en write RURAL end give nearest town) Maryland Prince George' c. CITY OR TOWN (If outside corporate limits, write RURAL en	
hours I in b S. P.	Cheverly 38' days College Park, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
filled paper nin 72	Prince George's General Hospital 4811 Navahoe Street	ON A FARM? YES NO
withir pletely arbon	3. NAME OF DECEASED A Middle A Last 4. DATE Month OF	Day Year 26. 1967
executed within 24 hours after and completely filled in by the femove carbon papers. Pages 1 any event, within 72 hours after	5. SEX 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 last birthday) Months D.	YEAR IF UNDER 24 HRS. Days Hours Min.
ian am se rem d in an	Female COLOTECT WIDOWED BIVORCED 7/3/1310 yrs. 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12, CITI	IZEN OF WHAT
ficate be e physician en please oval, and in	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	S.A
certifi Iding Ther remov	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
leath e atter	(Yes, no, or unknown) (If yes give war or dates of service) Physics Sincth	
PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician. This certificate has been signed by the attending physician and completely detached for use as the burial-transit permit. Then please remove carbon to Dept. of Health prior to burial, cremation, or removal, and in any event, with	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: HH2X DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH
OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. HRECTOR: After this certificate has been signed by 3 should be detached for use as the burial-transed with the State Dept. of Health prior to burial, or	Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO	several your
TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the hospital or attento Funeral Director. After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO NO
SICIAN: hospital certif ched fo		
JING PHYSICIA d by the host After this cei d be detached state Dept.	20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (Count factory, street, office bldg., etc.) 20f. (City or town) 20f. (ty) (State)
ATTENDING retained by CTOR: After should be ith the Staf	21. I certify that W (this hospital) attended the deceased from 1967, to 2/26, 1967, saw the deceased alive on 2/26, 1967, and that death occurred at 1152 M, from the causes and on the	L, that AT (we) last
L OR AT y be rei DIRECT age 3 s iled witi	22a. SIGNATURE VECCVILL WILLIAM M.D. ATTENDING MED. DIRECTOR STAFF PHYS. 22b. DAT DIRECTOR PHYS. 22b. DAT	26/67
O HOSPITAL Page 4 may O FUNERAL I director, pa	PHYSICIAN'S NAME (Type) Frederick H. Wilhelm, M.D. 22d. ADDRÉSS Charles Chevely Chevely	Muyand
TO H Pag TO FL dire shot	23a. QURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or could removal (Specify) 1-3-67 Queens Chapel Mulakink	Md
VR A15 (4)	24. FUNERAL DIRECTOR 4925 Dean Avent DATE MAR 6 1967 GUILLES DEAN AVENT DATE OF THE PROPERTY O	SIGNATURE
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certi

Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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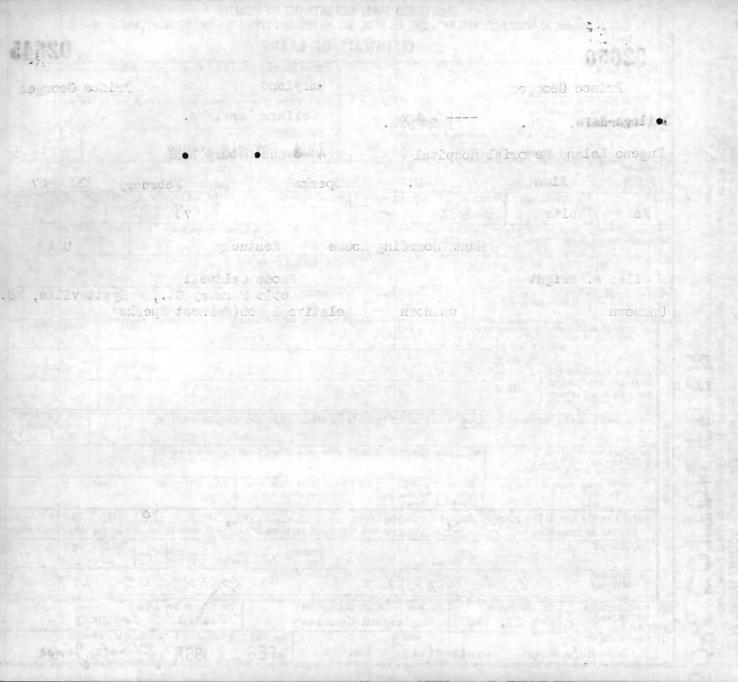
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1.	PLACE OF DEATH o. COUNTY. Prince	Georges	M		MARYL	AND	2. USUAL RESIDENCE (o. STATE Marylan		sed lived, if institut b. (OU)	ion: Residence	e before admiss Georges	sion) S
-	b. CITY OR TOWN ():	autside carparate limi	ts,	C.	LENGTH OF STAY IN		c. CITY OR TOWN (If a					
	write RURAL and give nearest town) Riverdale						Univers	ity Pa	rk		1/2-1	
-		L OR INSTITUTION (If I	at in has	spital, give :	street address)		d. STREET ADDRESS				e. IS RES	IDENCE
3	Eugene	Leland Men	noria	al Ho	spital		4306 Cla	ggett	Road	- 19	YES E	NO
3.	NAME OF DECEASED	F	irst	r. 0	Middle		Lost	4. DATE	Mon			ear
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S.	SEX	6. COLOR OR RACE	7. MA	RRIED	NEVER MARRIED		B. DATE OF BIRTH	9	AGE (In years last birthday)	Months 1	YEAR IF UND	ER 24 HRS. Min.
	Female	white	WID	OWED 🗶	DIVORCED		3-7-96		70 yrs.	MODILIS	Days Hours	min.
10c	n. USUAL OCCUPATION	(Give kind af wark dane ite, even if retired)			F BUSINESS OR RY		11. BIRTHPLACE (County	& State, ar fo		12. CITI	ZEN OF WHAT	Α.
-	FATHER'S NAME	evereaux		OWI	TIOTHE	1576	14. MOTHER'S MAIDEN Ella Co	NAME	- 301		0. 0	· A•
										222		
15	. WAS DECEASED EVER es no, or unknawn)	R IN U.S. ARMED FORCES: (If yes give wor or dates	af service	16. SOCI	AL SECURITY NO.	17. 1	NFORMANT Daughter/	Medica	Address Record			
H	I 18 CALISE OF DE	ATH (Enter only one co	use ner l	line for (a)	(h) and (c))		Daughtery	110 42 00	1100014	/1	INTERVAL BI	FTWFFN
		H WAS CAUSED BY:		101 101 (0),	AC	UT	E MYOCA	ROIAL	INPARC	MAN	ONSET AND	
	420	IMMEDIATE CAUSI	: (a) : TO		/10		70703	21110	0,000	1.01		1
	Conditions, if ony,				CE	1.	ARTERCOS	CLER	05(5		UNKNO	NN
	rise ta immediate	cause (o), ((b) E TO	TITL	-							
	stating the under	lying couse	(c)									
		SNIFICANT CONDITIONS		UTING TO DI	EATH BUT NOT RELA	TED TO 1	THE TERMINAL DISEASE CO	NDITION GIVI	N IN PART I(o)		19. WAS AU	TOPSY
15											PERFOR YES	NO P
CERTIFICATION	20o. ACCIDENT WAS	UNDERLYING [7]		205. DESCRIE	BE HOW INJURY OCC	URRED.	(Enter noture of injury in	Port I or Por	t II of item 18.)		1	(
ERI	OR CONTRIBUTING	CAUSE OF DEATH	1									
ਤ	(IF EITHER, NOTIFY I	RY Month, Doy, Year		20d INHIR	Y OCCURRED	2Ωe PLΔ6	CE OF INJURY (Home, for	m. 20f.	(City or town)	(Cou	ntv)	(Stote)
MEDICAL	Hour o.m	10		14/L:1-	Net While		ory, street, office bldg., etc		(city or toring	(000	,,	(5.5.5)
1	p.m	y that (I) (this ha		at wark			5 . /-	10 /. 7	0 2.7	10/	Z, that (1)	(wa) las
	saw the de	ceased alive an_	7 F	er B.	19 <u>67</u> , ai	nd tha	t death accurred at	12+0 A	A, fram causes	and an th	e date state	ed abave
	22o. SIGNATURE	(),)-	lou	uus	+DR. JOHA	HJX I	ALIENDING	MED. DIRECTOR	STAFF PHYS.		TE SIGNED	57
	22c. PHYSICIAN'S NAME (Type)	С. Ј. Н	ouma	nn, M	. D.		22d. ADDRESS 4404 Qu	eensbu	ry Road,	River	rdale,	Md.
	o. BURIAL, (REMATIO B REMOVAL 1 Specify)		EREOF 67	2	3c. NAME OF CEMET Felix Ca		MMMORY lic Church		CATION (City or To		(County)	(Stote)
2 F	4. FUNERAL DIRECTOR	asch's So	ns l	Hyatt	sville, N	Ad.		B REGISTI		GISTRAR'S SI	GNATURE Les Jud	çe.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death.

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er death	funeral 1 and 2 er death.	M	1.	COUNTY Prin	ce Georges		MAR'		USUAL RESIDENCE	(Where deceosed	d lived, if institut b. COU	ion: Residence	e before o	eorges
requires that the death certificate be executed within 24 haurs after death 3 physician.	ely filled in by the funeral bon papers. Pages 1 and within 72 hours after death	73	Ge	Riverda	r give nearest town) 1e, Md. AL OR INSTITUTION (If n	ot in hospitol, g	ive street address)	d.	College STREET ADDRESS 7204 Bow	ark, h	id.	RAL and give	e. I	S RESIDENCE ON A FARM?
ed within	campletely fille love carbon pa y event, within	T	3.	NAME OF DECEASED Type or print) SEX	Alma 6. COLOR OR RACE	irst	Middle M•	Sp	Lost eaks ATE OF BIRTH	4. DATE OF DEATH	Man Febru AGE (In yeors		Doy 20	Year 16'/
execut	and campletely tremove carbon any gvent, wit			Fe	White (Give kind of work done	7. MARRIED WIDOWED	NEVER MARRIEI DIVORCEI ND OF BUSINESS OR		I. BIRTHPLACE (Count		lost birthdoy) Yrs.	Months		Hours Min.
icate be	ician clease and ii		duri	ng most of working I FATHER'S NAME			Boarding	House		tucky			INTRY?	SA
oth certif	attending phy permit. Then ion, or remova		1S.	Silas F.	Wright RINUS. ARMED FORCES? (If yes give wor or dotes	of service)	OCIAL SECURITY NO.		RMANT 6525		y Ct. Addr		tsvi	lle, M
t the dec				18. CAUSE OF DE	ATH (Enter only one con H WAS CAUSED BY:	use per line for	anknown (a), (b), ond (c).) RCC		FIBRI			aks	INTERV	VAL BETWEEN AND DEATH
requires tha g physician.	signed burial- burial,			Conditions, if ony, rise to immediate stating the under	e couse (o),	10	OCARDI							DAYS
The law r attendin	icate has been far use as the Health prior ta	2	ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS	(c)CONTRIBUTING T	O DEATH BUT NOT REI	ATED TO THE T	ERMINAL DISEASE CO	ONDITION GIVEN	IN PART 1(o)		19. W. PE YES	AS AUTOPSY RFORMED?
HYSICIAN:	ficat far f Hec		L CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DE	CRIBE HOW INJURY O	CCURRED. (Ente	r noture of injury in	Port I or Port	II of item 18.)			
NG PHY	fter this certi be detached State Dept. a		MEDICAL	Hour a.m p.m	1. 19	While of work	JURY OCCURRED Not While of work	foctory, s	INJURY (Home, for treet, office bldg., etc	c.)	(City or town)	(Cou		(Stote)
TTENDI	ctor: Aff should b rith the Si				ty that (I) (this ha	spital) attend	19 <u>6</u> /,	and that de	ath accurred a	196 , to	fram causes	and on th	e date	stated abar
SPITAL OR ATTEND	RAL DIRECTOR: , page 3 shoul be filed with th			22c. PHYSICIAN'S NAME (Type)	C- J.	Hou	MANN	M.D.	ATTENDING PHYS. 22d. ADDRESS		STAFF PHYS. C		-2 M	- /
TO HOSPITAL Page 4 may b	o FUNER, directar, shauld b	1	230 B	BURIAL, CREMATIO REMOVAL (Specify)	IN, 23b. DATE TH		23c. NAME OF CEM				ATION (City or To		County)	(Stote)
,	VR A15 (4) 20 M 1/66			FUNERAL DIRECTOR			ADDRESS sville	Md.	2So. REC	B 2 4 1		GISTRAR'S SIL		dgle



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02651 death. low requires that the deoth certificate be executed within 24 hours after death puo physician and completely filled in by the funeral on please remove corbon papers. Pages I and 1. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission 9 SOUNTY MARYLAND RINCE OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? NAME OF Middle DATE Year DECEASED OF DEATH 196 (Type or print) S. SEX 6. COLOR 7. MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED lost birthdoy) Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT **INDUSTRY** COUNTRY? Washington D. C. Housewife own home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Bernard Alice Bell Gallagher 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service William V Stevens Myattsville, Md. no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) INTERVAL BETWEEN signed by the buriol-transit ONSET AND DEATH DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) be retained by the hospital or 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m foctory, street, office bldg., etc.) ot work . 19 6 2 that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from / - 31 . 19 67 to 2 - 4 19 67, and that death occurred at M, from couses and on the date stated above. saw the deceased alive on 2 -O FUNERAL DIRECTOR: 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. M.D. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S A Deits NAME (Type) Hyattsville, Maryland. 23o. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) Feb 8, 1967 Ft Lincoln Cemetery Colmar Manor Pro Geo ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md.

[2] - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1

ecute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page This certificate should be executed within 24 hours after death. If any delay is

necessary, please execute the certificate, writing the ward

the funeral directar.

VR A15ME (5)

TO DEPUTY MEDICAL EXAMINER:

02652

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #8 MEDICANT PRANTALEDE PROFICIALED CENTRALE MEDICAL EXAMINER'S CERTIFICATE OF BEATH

MARYLAND STATE DEPARTMENT OF HEALTH

02647

-								W. W.
1.	o. COUNTY	1			2. USUAL RESIDENCE (V	Where deceosed lived, if instituti b. COUN		odmission)
		nce George's		MARYLAND	Maryland		ce George	ts
	b. CITY OR TOWN	(If outside corporate limits		c. LENGTH OF STAY IN 16		tside corporate limits, write RUF	RAL ond give neorest	town)
П	Chev	ond give nearest town)		DOA	Urratt arri	110		111
-		PITAL OR INSTITUTION (If no	t in haspital, a		Hyattsvi	TTE	l e.	IS RESIDENCE
								ON A FARM?
		George Gener				Ridge Drive	YI	- 00
3.	NAME OF DECEASED	Fire		Middle	Lost	4. DATE Mont	th Doy	Year
-	(Type or print)	Albe		Hunter	Stickell	DEATH 2	11	19 67
S.	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BUTTER	9. AGE (In years Jost birthdoy)	Months Days	Hours Min.
1	Male	White	WIDOWED	DIVORCED	17 June 19			nons nin.
		ION (Give kind of work dane	10b. KI	ND OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF	WHAT
di	uring most of worki	ng life, even if retired) inter	Cons	oustry struction	Pro Geo	Md	OCOUNTRY?	
1	3. FATHER'S NAME				14. MOTHER'S MAIDEN I	NAME	7.7.7.1	
	J	oseph Lester	Sticke	211	Alic	e E Winslow		
T	S WAS DECEASED !	EVER IN ILS ARMED FORCESS	1 16	SOCIAL SECURITY NO. 17	INFORMANT	Addre	229	-
(Yes, no, or unknow	(If yes give wor or dotes of	service)212	2 28 8226 Be	etty L Sticke	ell Hvattsv	ille, Md.	
F						3,000		WAL DEVINEEN
	PART I. D	DEATH (Enter only one cous						T AND DEATH
	4/-	IMMEDIATE CAUSE		pulmonary e				
	420	DUE.	10 Coror	nary artery of	cclusion, righ	nt and left co	ronary	
	rise to immed	ny, which gove	(b)		*	arter	ies.	
		derlying couse DUE	10 Coror	ary arterios	clerotic hear	t disease		
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ATIO								NO 🗌
CERTIFICATION	20o. EXTERNAL		20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)		
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MEDICAL	20c. TIME OF I	NJURY Month, Doy, Yeor	20d. IN	IJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm	, 20f. (City or town)	(County)	(Stote)
MED	Hour	o.m.	While		octory, street, office bldg., etc.)			
		p.111.	ot work		Lald an Autom ED			
				noins described obove,				in my opinion
	death res	ulted from: Notera	causes X	Accident, Su	vicide, Homicide		anner	
	ACTUAL	06/	4 1	11	CHIEF MEDICAL		22	DATE SIGNED
	SIGNATURE	1.60	W	7	/YI. D.	ICAL EXAMINER	4.4	. DATE STORED
2	EXAMINER'S NAME (Type)	John Kehoe, 1	. d. M	Riverdale, Mo	4	AL EXAMINER (X) t, city, town, or county)	2-13	3-67
2	30. BURIAL, CREMA	TION, 235. DATE THE		23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City or To	wn) (County)	(Stote)
	REMOVAL Sper Buria	Feb 15,	1967	Ft Lincoln	Cemeterv	Colmar Manor	r Pro Geo	Md.
1	24. FUNERAL DIREC	TOR		ADDRESS	2Sa. REC'D	BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE	
1	F. (Gasch's Sons	Hyatt	sville, Md.	DATE FE	B 1 6 1967 /	(Charles)	udge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02653 requires that the death certificate be executed within 24 haurs after death hours after death and campletely filled in by the funeral remave carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY o. STATE MARYLAND outside corporate limits. c. LENGTH OF STAY IN 1b Chevery verdo d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? benera Hospital Siverda NO 4 YES 3. NAME OF DECEASED (Type or print) DATE First Middle Lost Month Doy Yeor 19 67 Franciscus DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours White WIDOWED DIVORCED Jan 28, 1915 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR 1Da. USUAL OCCUPATION (Give kind of work done R & WITH DIAGET (QUELTY & State or foreign country) during most of working life, even if retired) INDUSTRY Castleton, N.Y. Pressman U.S. Government 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, or remaval, Franciscus Stolp Whilmenia Vanderhorst the attending p IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address signed by the attendi burial-transit permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Same as #2 (wife) 111 01 6417 Jean Stolp 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the priartat TO FUNERAL DIRECTOR: After this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? far use 2Do. APCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) ot work 1967 to Tel. 11 21. I certify that (I) (this hospital) attended the deceased from_ . 19 6.7. that (1) (we) last 1967, and that deoth occurred at 740P M, fram causes and an the date stated above sow the deceased alive on Feb. 11 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR ATTENDING X M.D. 22d. ADDRESS Capital Heights, Md. 22c. PHYSICIAN'S Peter Duus NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) BIREMOVAh(Specify) 2/15/67 Mt. View Castleton Rensselaer N.Y. 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATEFEB Francis Gasch's Sons Hyattsville, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	02654	CERTIFICATE	OF DEATH		02652
1.	PLACE OF DEATH		2. USUAL RESIDENCE (V	Vhere deceased lived, if institution	n: Residence before admission)
L	a. COUNTY RINCE GEORGES	MARYLAND	10000	VLAND 6. COUNT	PRINCE GEORGES
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b		tside carporote limits, write RURA	L and give nearest tawn)
	FORESTUILLE, Md.	73 mo.	HOME - FO	RESTUILLE MA	16-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital	, give street address)	d. STREET ADDRESS	1	e. IS RESIDENCE
	THE REGENT NURSING + (PONVALESENT (En	ER 5403 1	TINE ST. FOREST	VILLE YES NO
3.	NAME OF First DECEASED	Middle	Last /	4. DATE Month	Doy Year
	(Type or print) NETTIE	Knoeller	leed	DEATH 2	11 1967
S.	SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	F W WIDOWEI		FEB23, 1886	80 yrs.	Months Doys Haurs Min.
	1. USUAL OCCUPATION (Give kind af work dane 10b.	KIND OF BUSINESS OR INDUSTRY Gen. Hosp.	11. BIRTHPLACE (County)	& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
R	eSTROELECK MALRE (C. 1	riv. Nursing	FENN.S	ylvania	21.5. A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
	Charles H. Knoeller		Sarah L.	Bunnell	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	S. SOCIAL SECURITY NOT 17. I			Same as
(4	es no or unknown) lift yes also war ar dates at service)	78-62-2033 Mi			
F	18. CAUSE OF DEATH (Enter anly one couse per line f		- U - U-	10	INTERVAL BETWEEN
10	PART I. DEATH WAS CAUSED BY:	/ . / / / .	non-nan	Theo has	ONSET AND DEATH
	4201 IMMEDIATE CAUSE (a) HC	ute Lor	20 n Apry	THROMPOS	15 5 Mines
15	Conditions, if any, which gave	24.22.	1s for "	ala 1	10 1/0-
	rise to immediate couse (a)	neralize n	RIERIOS	DEROSIS	10 4RS
	stating the underlying couse DUE TO				
	last. (c)				
Z	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
ATI	X363688888888866886688	\$100 6 10 10 10 10 10 10 10 10 10 10 10 10 10			YES NO
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in f	Part I ar Part II of item 18.)	
	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL		INJURY OCCURRED 20e. PLAC	E OF INJURY (Hame, farm	, 20f, (City or town)	(County) (State)
G.W.	Hour o.m. Whi		ory, street, office bldg., etc.)		
	21. I certify that (I) (this hospital) atte	nded the deceased from	1062 1	to 2 - //	, 1962, that (I) (we) last
	saw the deceosed alive an 2-19	2 19 <u>67</u> , and that	death occurred at	9 ta 2 - // 25% M, from causes ar	nd an the date stated abave
	220. SIGNATURE	/ -	ATTENDING	MED. STAFF	22b. DATE SIGNED
	MPSK	ler M.D	PHYS.	DIRECTOR PHYS.	2-11-67
	22c. PHYSICIAN'S NAME (Type)///n///= 0 B	SHEED	22d. ADDRESS	1/2 Dul- 5	E. WASH, D.C. 20028
-	WILLEK &.	WITER	16400 MAR	Iboro Pike J	
230	D. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR (23d. LOCATION (City or Town	n) (County) (Stote)
B	urial 2/17/67	Lisle Cemet		Lisle	New York
13	FUNERAL DIRECTOR	1 al ADDRESS	alored 250. REC'D	BY REGISTRAR 2Sb REGI	STRAPS CIGNATURES Judge
XC	illus Brod, Tuneal	Hone	MA, DATE	MAK I 1301	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 4 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, practic, my event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02655 02649 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Prince George's MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b del pup DOA Fort, Meade Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Office along with form YES NO+ Leland Memorial Hospital Ast. US Army Medical Lab. in Item 18. Give Pages NAME OF Middle 4 DATE Month Lost Dov Year DECEASED JEAN Terry 19 67 (Type or print) Harriett DEATH IF LINDER 24 HRS NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF LINDER 1 YEAR 6. COLOR OR RACE 7. MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED 10-30-1941 Negro Female deal 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) d "pending" in pencil in Chief Medicol Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, of unbrown) (If yes give wor or dotes of service CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1 DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH any event MMEDIATE CAUSE (6) Laceration of brain e, writing the word forwarded to the Ch This certificate shauld DUE TO Trauma - auto accident Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) remayol, NO X 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should crematian, or CAUSE OF DEATH. Driver of car involved in collision 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) PG. (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. While of work of work foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page Rt. 1. Laurel, Maryland 21. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry x Inspection x, ond in my opinion Undetermined manner the funeral directar. deoth resulted from: Noturol souses Accidental 3d. Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Heolth prior DEPUTY MEDICAL EXAMINER NAME (Type) John Kehoe. M.D. Riverdale, Md. Address (Street, city, town, or county) 50 25b REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/67

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02656 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY a. COUNTY o. STATE delay is ond 3 to Prince George's Prince George s
b. CITY OR TOWN (If autside carparate limits, Maryland MARYLAND the Stote Deportment c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b puo PM3. write RURAL and give nearest tawn) Clinton DOA Upper Marlboro d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Office olong with form in Item 18. Give Poges Southern Maryland Medical Center 9711 Wymann Way YES NOX 24 hours ofter death. 3. NAME OF Middle Last 4. DATE Manth Day Year DECEASED 0F 19 67 (Type or print) Keefer Thompson DEATH Linwood 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Davs Hours 72 hours after death. WIDOWED DIVORCED Male White 8 March 1888 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast af working life, even if retired) COUNTRY ? INDUSTRY Md Retired engineer Railroad 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME E Griffith Festes Mosby Thompson Martha 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT be executed permit. (Yes, no, or unknown) (If yes give war ar dotes af service) Margarite Thompson Upper Parlboro, Md. within 705 10 2020 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Chief CHELAND BEATH event Pulmonary embolus IMMEDIATE CAUSE (a). This certificate should the word DUE TO ony Conditions, if ony, which gove unknown Phlebo-thrombosis, lower extremities (b) rise to immediate cause (a), = DEXIX AND e, writing the stoting the underlying cause pup last. Coronary arteriosclerotic heart disease unknown 0.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? removol, please execute the certificate, YES X NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 1B.) 3 should PRIMARY Or CONTRIBUTING 0 4 should MEDICAL EXAMINER: CAUSE OF DEATH. MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, office bldg., etc.) YOUR Not While FUNERAL DIRECTOR: Page at wark L at wark Inquiry x, 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x. and in my opinion Notorol/couses deoth resulted from: Accident Suicide Homicide Undetermined monner be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED TO FUNERAL DI Health prior t ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 2-3-67 may John Kehoe, M.D. Riverdale, Md. Address (Street, city, tawn, ar caunty) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) Feb 6, 1967 REMOYAL (Specify) Ft Lincoln Cemetery Colmar Manor Pro Geo Md. Burial 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A 15ME (5) F. Gasch's Sons Hyattsville, Md. 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	02657	THEY.		CERTIFICA	TE O	F DEATH				026	551
1.	o. COUNTY Prince	George'	S	MARYLAND	2. 1	JSUAL RESIDENCE (V). STATE Maryland		b. COUN	TY		dmission)
	b. CITY OR TOWN (If outside write RURAL and give no	c. LENGTH OF STAY IN 1b	c. C	c. CITY OR TOWN (If outside corporate limits, write RURA			AL ond give	neorest to	own)		
-	Cheverly 50 days 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)					Riverdale					S RESIDENCE
	Prince George		5016 Sheridan St.				ON A FARM? YES NO				
	NAME OF DECEASED	Firs	Middle		Lost 4. DATE Month			1	Doy	Year	
-	(Type or print)		lter	J.		oin	DEATH	Feb.		L5	1967
5.		or or race	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		TE OF BIRTH /9/04	los	(In yeors t birthdoy) 2 yrs.	Months [UNDER 24 HRS. Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITI										EN OF W	
13	3. FATHER'S NAME John J. Tobin Sr. 14. MOTHER'S MAIDEN NAME Annie Crown										
1S (Y	. WAS DECEASED EVER IN U.S. es, no or unknown) (If yes gi	ARMED FORCES? ve wor or dotes of			infor Cmil	y E. Tob	in Sam	e as #		fe)	
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Truf OR an clical Luface tion								INTERVAL BETWEEN ONSET AND DEATH		
	Conditions, if ony, which gove) (b) Ochusian (R) coronary arting										
	rise to immediate couse stating the underlying colost.	ouse (DOE I	(c)	Junialized		alirios	elevçis				
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)									19. WA	AS AUTOPSY REFORMED?
MEDICAL CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)										
MEDICAL	20c. TIME OF INJURY Mor Hour o.m. p.m.	ith, Doγ, Yeor	20d. IN While of work	Not While	PLACE OF octory, str	INJURY (Home, form, eet, office bldg., etc.)	, 20f. (Cit-	or town)	(Coun	ty)	(Stote)
										Z, that	(I) (we) las
	220. SIGNATURE M.D. ATTENDING DIRECTOR DIRECTOR PHYS. 22b. DATE 22b. DATE 22b. DATE										7
	22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Leon R. Levitsky, M. D. 3408 Rhode Island Ave.Mt.Rainier, Md.										
230 F	I BURIAL, CREMATION, 3 LEMPYAI (Specify)	23b. DATE THER 2/18/0		23c. NAME OF CEMETERY Of Mt. Oliv	R GREMA		23d. LOCATIO	N (City or Tow	/n) (C	ounty)	(Stote)
24	4. FUNERAL DIRECTOR Francis Gas	chis Son	ns Hv	ADDRESS attsville, Me	1.	2So. REC'D	BY REGISTRAR FEB 17	-	SISTRAR'S SIG	NATURE	Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death Poge 4 may be retained by the hospital or ottending physicion. VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02658 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 12653 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE Marvland b. COUNTY Prince George's P.M.3. Page with the State Department of Prince George's MARYLAND delay c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Colmar Manor DOA Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE farm 99 ON A FARM? Prince George's Hospital 3612 39th Avenue NO Te YES 8. Give Pages 24 haurs after death. alang with NAME OF Middle Lost 4. DATE Month Year Doy DECEASED Nelson (Type or print) John Torvestad DEATH February 19 67 S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 9. AGF (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours after death white WIDOWED DIVORCED May 28, 1891 male 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) U.S.A. during most of working life, even if retired)
Attorney at law Law Minnesota ... File pages pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within within 72 haurs Ole Torvestad Hanna Lensigraf 12902 Bentley Lane .⊆ 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service Chief Medical 'pending" 215 36 4134 John A. Torvestad Bowie, Maryland 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit event PART I. DEATH WAS CAUSED BY ONSET AND DEATH Heart failure IMMEDIATE CAUSE (o) minutes This certificate shauld writing the ward DUF TO the duy Conditions, if ony, which gove Arteriosclerotic heart disease over 6 mos p rise to immediate couse (a), = DUF TO D. stoting the underlying couse be farwarded pup lost. 05 used 19. WAS AUTOPSY PERFORMED? removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) the certificate, NO X pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld crematian, ar PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 2Dc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 20f. (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page of work at work 21. I certify that I taak charge of the remains described above, held an Autopsy [Inspection X. Inquiry Tox and in my opinion death resulted fram: Natural xauses x Accident Suicide Undetermined manner Hamicide retained please CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health priar SIGNATURE pe DEPUTY MEDICAL EXAMINÉR 2-7-67 **EXAMINER'S** May Kehoe, M.D. AddRiverdalen, oMdnty) NAME (Type) John/ 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATOR 23o. BURIAL, CREMATION (County) (Stote) 9 BREMOVAL Specify 2/9/67 Ft. Lincoln Colmar Manor P.G. Md. ADDRESS REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) Francis Gasch's Sons Hyattswille, Md. 6M 1/67 DATE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH physicion and completely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Pr. George's MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) write RURAL and give nearest town) corbon papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? within 72 YES NO T NAME OF 4. DATE Manth Last Day Year DECEASED event, 196 (Type or print) DEATH IF UNDER 24 HRS. 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR remove pirthday) Months Hours dny WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT (County & State, or foreign country) during mast af warking the, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN cremot buriol-transit ONSET AND DEATH CEREBRAL THROMBI ULTIPLE IMMEDIATE CAUSE (a) signed t DUE TO astatic CARCINOMA TOSIS burial, Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Heolth POGRESSINE UEXIA NO this certificote the haspital or far 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City ar tawn) (State) (County) Hour o.m. factory, street, office bldg., etc.) While Not While TO FUNERAL DIRECTOR: After Page 4 may be retained by 21. I certify that (I) (this haspital) attended the deceased fram 2 - 11 , 19 67, ta 2 - 17 , 19 67, that (1) (we) last plnods saw the deceased alive, an 2 - 17 1967, and that death accurred at 1:30 M, fram causes and an the date stated above 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** directar, poge 3 should be filed v PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Low REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sh VR A15 (4) Charles DATE FEB

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02660 and 2 within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND lease remave carban papers. Pages / and in any event, within 72 hours after in by the Pages c. LENGTH DF STAY IN 16 c. CITY OR TDWN (if outside corporate limits, write RURAL and give neaper town) b. CITY DR TDWN (If outside corporate limits, wifte RURAL and give nearest sown) IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME DF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) filled 00 YES NO I Month 3. NAME OF Middle DATE Year completely OF DECEASED uckek 19 (Type or print) DEATH be executed IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HR S. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED and 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life even if retired) celtificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, en attending p INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO requires that the death (Yes, po, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (g) (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse as the prior to has been lost. WAS AUTOPSY PERFORMED? 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Health NO YES this certificate TO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I of Port II of item 18.) 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) of be detached 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While After 1 ot work ot work 21. I certify that (I) (this hospital) attended the deceased from M, from couses and on the date stated above. FUNERAL DIRECTOR: and that deoth accurred at saw the deceased alive on 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** DIRECTOR PHYS M.D. PHYS. director, page should be filed 22d. ADDRES 22c. PHYSICIAN'S NAME TYPE 23c. NAME OF CEMETERY, OR CREMATORY 23d. LOCAJION (City or Town) (Stote) (County) BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE ADDR 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the foneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0400	11			CERTIFIC	CALL	UF DEA	IH				- 11	26	56	
1.	PLACE DE DEAT	HPrince	George	S		1	2. USUAL RESID	ENCE (W	here dece	ased lived,	If Instif	tution: F	esidence	before	admission)
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-	h CITY DD TDU	Beaver	Hgts.		MARYL			Md.		ince					
	b. CITY DR TDW write RURAL	and give nea	rest town)	its,	LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outsi	de corpo	orate ilmit	s, write	RURAL	and glv	re near	est town)
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CA	20c. TIME OF		n, Day, Year			Oe. PLAC	E OF INJURY (Home	e, farm,	20f. (C	ity or tow	n)	(Cot	inty)		(State)
MEDICAL	p.i		— ₁₉	While at work	Not While at work	_		-		4		-			
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	21. I certify that (I) (this hospital) attended the deceased from Vecus her, 19 66 to Jonary 31, 19 67, that (I) (we) last saw the deceased alive on Jonaphy 31 19 67, and that death occurred at 51/3/M, from the causes and on the date stated above.														
	22a. SIGNATURE 22b. DATE SIGNED														
	Muleso U. Senc M.D. ATTENDING MED. STAFF PHYS. February 16, '6;														
	22c. PHYSICIAN'S 22d. ADDRESS														
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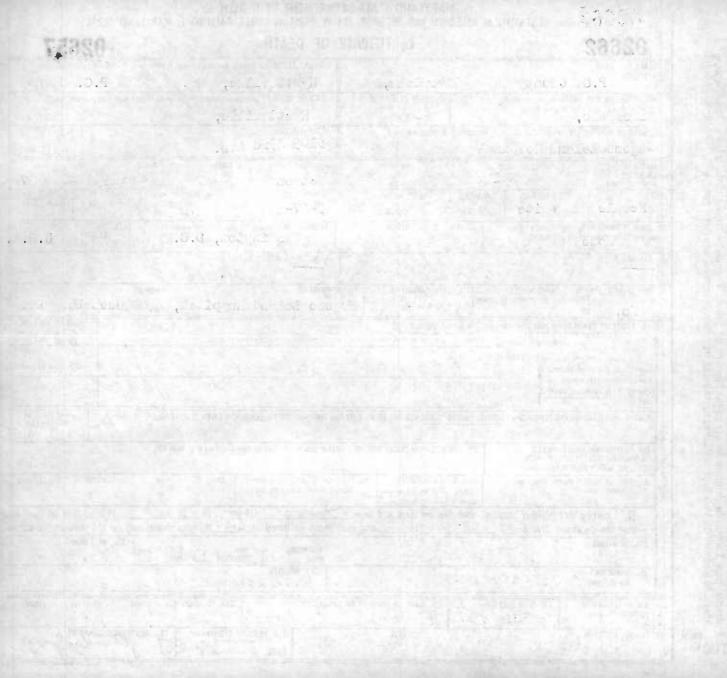
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filled in 1 papers. Thin 72 ho	0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, giver Eugene Leland Hospital	e street address)	d. STREET ADDRESS 5103 43rd Ave		e. IS RESIDENCE ON A FARM? YES NO
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N OR AT OR AT y be reto I DIRECT age 3 sh filed with		22a. SIGNATURE TOUL		ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS	STAFF -	DATE SIGNED 2-13-17
A P D A	22-	22c. PHYSICIAN'S NAME (Type) C. J. HOUMANA BURIAL, CREMATION, 23b. DATE THEREOF 1	23c. NAME OF CEMETERY OR C	RIVERDAL	LOCATION (City or Town)	(County) (Stote)
TO HOSPI Page 4 n TO FUNER director, shauld b	3 1	REMOVAL (Specify) 16 FEB 196/	CEDAR HILL	CEMETERY		SIGNATURE A
VR A15 (4)	11	1:11 CHAMPERS CO RI	VERDALE, N	15 EEB	1 7 10C7 /CU	arely Judge.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item#23 a.b.c 02663 OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and campletely filled in by the funeral remave carban papers. Pages 1 and PLACE OF DEATH o. STATE Maryland b. COUNTY Prince George o. COUNTY Prince George MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 Chite Plant and give nearest tawn) Tuxedo d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM 5811 Arbor Street Prince George General Hospital NO TE Middle 4 DATE NAME OF First Month Doy Year DECEASED (Type or print) WATTS ETHEL Feb. 67 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lay mirthday) Manths Days Jan. 29, 1892 White Female WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar fareign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane dering most of working life, even if retired) Own Home Washington D. C. COUNTS? A. 14. MOTHER'S MAIDEN NAME
Ardell C. Reed 13. FATHER'S NAME ames T. Prvor 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war ar dates af service) 219 48 1322 Same as #2 Wilton E. Watts Sr. (husband) INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove rise ta immediate cause (a). DUF TO stating the underlying cause as the TO FUNERAL DIRECTOR: After this certificate has been PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO be retained by the haspital ar far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (State) 20c. TIME OF INJURY Manth, Day, Year Haur o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) (Caunty) Nat While factory, street, office bldg., etc.) at wark at work , 196, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from 19.50 to 19.67, and that death occurred at 4701M, from causes and on the date stated above. saw the deceased alive on_ 22b. DATE SIGNED 2/8/67 22a. SIGNATURE M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S John Kehoe , M. D. 6300 Riverdale Rd. Riverdale, Md. NAME (Type) directar, shauld b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION (State) REMOVAL (Specify) Ft. Lincoln Cemeterv CoMd Colmar Manor Pr. Geo. 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR yalliac (DATE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #3&11 infor certificate of beath cert.2/16/67 pc 02664 requires that the death certificate be executed within 24 haurs after death. death. completely filled in by the funeral love carban papers. Pages 1 gnd PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY Prince George's o. STATE b. COUNTY Prince George's dad ir any event, within 72 haurs after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Cheverly CLENGTH OF STAY IN 1b Hyattsville 1day & 22 hrs e. IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 6223 Fernwood Terrace Prince George's General Hospital YES NO Middle 4. DATE Year 3. NAME OF DECEASED OF Brentweissman 19 67 Feb. Scott (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years DATE OF BIRTH S. SEX 6. COLOR OR RACE NEVER MARRIED lost birthdov) Months Hours Dovs Feb. 5, '67 White WIDOWED DIVORCED 12. CITIZEN OF WHAT Male 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY attending physician permit. Then please Cheverly, Pr. Geo. Co. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, ar remaval, Owen Weissman Gail Barbara Sperber 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT permit. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY signed by 1 IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending has been d far use as the af Health priar ta PHYSICIAN: The law WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YESXX NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this hospital) attended the deceased fram 2 1967, to 217 , 19 67, that (1) (we) last 19 6 7, and that death accurred at 11:5 H M, from causes and on the date stated obove sow the deceased glive on. 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. ATTENDING Feb. 7, 1967 M.D. directar, page 3 shauld be filed v 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 4637 Eastern Ave. Washington, D.C. chamad Sherry 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23b. DATE THEREOF 23o. BURIAL CREMATION. Cremation rince Georges Gen. Hosp Che 250. RECD BY REGISTRAR Cheverly 25b. REGISTRAR'S SIGNATURE Maryland ADDRESS 24. EUNERAL DIRECTOR Millanles DATE FEB Harry W. Penn, Jr., Admin., Cheverly, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02667 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT.). PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE b. COUNTY o. COUNTY delay is ond 3 to Prince George Prince George MARYLAND poges 1 and 2 with the State Department c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b 2, oi. P.M3. P. write RURAL and give negrest town) DOA Cheverly Clinton e. IS RESIDENCI d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? the certificote, writing the word "pending" in pencil in Item 18. Give Pages 1, 4 should be forwarded to the Chief Medical Examiner's Office along with form Prince George General Hospital be executed within 24 hours after deoth. If "pending" in pencil in Item 18. Give Pages Rt. 1. Box 415. Piscateway Rd 4. DATE NAME OF DECEASED Willett DEATH (Type or print) Robert Lyma n 9. AGE (In years 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost bythdoy) deothru 12 May 1888 WIDOWED DIVORCED White 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) COUNTRY? during most of working life, even if retired) event within 72 hours after MARYLAN FARMER

13. FATHER'S NAME TOBACCO 14. MOTHER'S MAIDEN NAME pencil CHRISTINE CHARLES IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service BADEN UNKLE KTZ INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Heart failure IMMEDIATE CAUSE (o). Minutes This certificate should DUE TO ony Conditions, if ony, which gove Arteriosclerotic heart disease Unknown rise to immediate couse (o). 5 DUF TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) or removal, NO TX 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH (City or town) (County) (Stote) 2De. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. While Not While ot work ot work 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection 3 Inquiry X, ond in my opinion FUNERAL DIRECTOR: No ural couses X Suicide . Homicide Acoident Undetermined manner deoth resulted from: the funeral director. be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER 2-20-67 **EXAMINER'S** may Heolth 1 Address (Street, city, town, or county) NAME (Type) John KehoeM.D. Riverdale (Stote) 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 0 RIST CHURCH CEM. CCOKCER 24. FUNERAL 250 REC'D BY REGISTRAR VR A15ME (5) UNERAL HOME, WALDORF.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02668 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after deoth ompletely filled in by the funeral ve corbon papers. Pages 1 and 2 event, within 72 hours ofter death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) I. PLACE OF DEATH a. COUNTY Maryland Prince Georges Prince Georges MARYLAND b. CITY OR TOWN (If outside carporate limits,

USAF Hosp Andrews, Andrews AFB c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 1 month Forestville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled i USAF Hosp Andrews, Andrews AFB, Wash D.C. 4513 Rena Rowd NO T YES 3. NAME OF Middle 4. DATE Last Day Year DECEASED (Type or print) John Wesley P. Willix Feb 67 DEATH 6. COLOR OR RACE IF UNDER 1 YEAR 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS remove 7. MARRIED NEVER MARRIED last birthday) Months Days Hours Male and in ony Cauc 22 Nov 1917 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **INDUSTRY** Garden County. Georgia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal signed by the ottending phybrial-tronsit permit. Then James David Willix Rosa Wilkins WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give wor or dates of service Unk to May 65 254-12-9633 Rosa Bandy (Mother). Calhoun. Georgia 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) **DUE TO** Canditians, if any, which gove rise to immediate couse (a), DUF TO stoting the underlying cause hos been the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) Not While at work at work 21. I certify that (I) (this haspital) attended the deceased fram JUNEtop-, 1967, that (I) (we) last 1966, ta 4 1967, and that death accurred at 200 A M, fram causes and an the date stated above. saw the deceased alive an 3 700 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRÉSS NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BIREMOVAL (Specify) 2/7/67 Arlington National Arlington, Virginia **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Wilhelm Funeral VR A15 (4) 20 M 1/66 4308 Suitland Rd. Suitland, Maryland 1967 Miante. DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02665 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE o. COUNTY District of Columbia Prince George's MARYLAND the State Department delay b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OE STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington Lanham unknown IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS farm NO IX 1101 7th. Street, S.E. This certificate should be executed within 24 haurs after death. I icate, writing the ward "pending" in pencil in Item 18. Give Pages be farwarded to the Chief Medical Examiner's Office along with far h mile north of Seabrook Rd. Crossing 3. NAME OF 4. DATE Year DECEASED 1967 Winslow 16 Willie DEATH (Type or print) Arthur IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED 1 and 2 with 8. DATE OF BIRTH 9. AGE (In veors S. SEX 6. COLOR OR RACE 7. MARRIED lost birthdov) Months Haurs death. WIDOWED DIVORCED 5-13-1946 20 Male Negro

100. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country)
Washington, D.C. 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William N. Winslow Lillian Jones File hai 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) ((If yes give wor or dotes of service within William Winslow-1421 South Car. Ave. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY burial-transit event IMMEDIATE (AUSE (a) Decerebration DUE TO any Conditions, if ony, which gove rise to immediate cause (o), = DUF TO stoting the underlying couse and ds 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) ar remaval, CERTIFICATION NO X please execute the certificate, 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. EXTERNAL CAUSE WAS 3 shauld PRIMARY TO OF CONTRIBUTING shauld CAUSE OF DEATH Struck by train crematian, MEDICAL 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, Lanham townd. 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour om Not While While of work may be retained for your FUNERAL DIRECTOR: Page mile north of Seabrook Rd. Crossing 4 at work Inspection x, Inquiry x, 21. I certify that I took charge of the remains described above, held on Autopsy , and in my opinion Undetermined manner Suicide Hamicide the funeral director. death resulted fram: Natural causes / Accident $|\mathbf{x}|$ CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER Health priar SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) 2-17-67 Riverdale, Md. NAME (Type) John/ Kehoe, M.D. 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. 0 5 Burial (Specify) Lincoln Memorial Ceme. Maryland Home-4001 Benning Rd. N. F. B 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02671 CERTIFICATE OF DEATH death. executed within 24 hours after death completely filled in by the funeral love corban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. Prince Georges MARYLAND Prince Georges c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest fown) OR TOWN (If autside corporate limits. write RURAL and give negrest tawn) D. O.A. Cheverly Sanham d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Timber Sane e. IS RESIDENCE ON A FARM? Prince Georges Hospital 4608 Disaborations Some YES NO NAME OF Middle 4 DATE Manth Doy Year DECEASED William Wubbena February 1967 (Type ar print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS birthday) Months Haurs white January 5. male 1894 DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? please INDUSTRY attending physician permit. Then please Standish. Michigan Ret. transportation specia 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME removol, Jan Wubbena requires that the death certi Catharina Jungjohann 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Lane 4608 (Yes, no, or unknown) (If yes give war or dotes of service) 0 Mande M. Wubbena 700-01-6403 Canham Maruland ian, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN cremati ONSET AND DEATH buriol-transit PART I. DEATH WAS CAUSED BY: signed by t IMMEDIATE CAUSE (a) DUF TO buriol Conditions, if ony, which gove rise to immediate cause (a). DUF TO stating the underlying cause the has been prior to lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Heolth | YES NO K O FUNERAL DIRECTOR: After this certificate Por 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH of (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Hour o.m. factory, street, office bldg., etc.) Not While 21. I certify that (I) (this haspital) attended the deceased fram_ cuguet . 1958, ta teen. 7 , 1967, that (I) (we) last Poge 4 moy be retained saw the deceased alive an few. 17 1967, and that death accurred at M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, par 80 NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) 1 Cemetery 250. RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH 02672 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b COUNTY Geo ROES R. GEORGES vithin 72 hours after MARYLAND within 24 hours after c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. write RURAL and give neorest town) 13 days herck filled in d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) NO YES ubq 3 NAME OF Middle 4. DATE Month Dov Year DECEASED mes DEATH and in any event, (Type or print) remove car requires that the death certificate be executed 7. MARRIED IF UNDER 1 YEAR DATE OF BIRTH AGE (In years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE **NEVER MARRIED** birthdoy) Months Dovs Hours WIDOWED DIVORCED ----1901 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) physician a COUNTRY? during most of working life, even if retired) INDUSTRY Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval, Unknown Ilnknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: -ARCINOMATOSIS IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO ARCINOMA OF THE LUNG Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse **DIRECTOR:** After this certificate has been for use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) with the State Dept. of Health NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (this haspital) attended the deceased from Feb. 13, 1967, to Feb. 26, 1967, that (t) (we) last 19 67, and that death occurred at 1:40 PM, fram causes and an the date stated above saw the deceased alive an Feb 26 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) Prince George's General Hospital Norman K. Bohrer 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 230. BURIAL CREMATION 23b. DATE THEREOF REMOVAP (Specify) mony 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Washble 24. FUNERAL DIRECTOR DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02673 CERTIFICATE OF DEATH be executed within 24 hours after death. death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF OEATH a. COUNTY o STATE b. COUNTY MARYLAND Prince Georges transit permit. Then please remove carbon papers. Pages 1 cremation, or removal, and in any event, within 72 hours after Prince Georges

If autside carporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Riverdale Cheverly 15 days d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM2 and completely filled in Prince Georges General Hospital NO 5001 Riverdale YES Rd 3. NAME OF Middle last 4. OATE Manth OECEASEO (Type or print) В. Josephine Zier DEATH Feb AGE (In years IF LINDER 24 HRS S. SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 7. MARRIEO last birthdoy) Months Days Hours WIDOWED 4 7 Nov., 1897 DIVORCED White Female 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR COUNTRY? A. dufforps of working life, even if retired) Wh Home Pennsylvania Tiffcate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME offending per Henry Bloser Mary E. Fox 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address requires that the death (Yes, na, ar unknawn) (If yes give war ar dates of service) signed by the ottendi buriol-tronsit permit. Unknown Mr. Jacob H. Zier Same as #2 (son) 1B. CAUSE OF OEATH (Enter anly one cause per line for tot (6), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND OEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or ottending physicion. DUE TO Canditians, if ony, which gave rise to immediate couse (a). DUE TO stoting the underlying couse for EUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO XXX 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While at wark at work 21. I certify that (I) (this haspital) attended the deceased fram. and that death occurred at 5.05 AM from causes and on the date stated obove. saw the deceased alive an 22b. DATE SIGNED 220. SIGNATUR DIRECTOR M.D. 22d. ADDRESS NAME (Type) Julius Kauffmen, M. D. 6501 Landover Rd. Cheverly, Md. 23c. NAME OF CEMETERY OR CHEMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) BursmpyAl (Specify) 2/21/67 Cedar Hill Suitland P.G. Md. 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4)

